

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		

## Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy      SERFF Tr Num: AMLC-126096328      State: ArkansasLH

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense

SERFF Status: Closed

State Tr Num: 42234

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense

Co Tr Num: LGSP3

State Status: Approved-Closed

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Authors: Linda Newell, Toni  
Thompson

Disposition Date: 05/15/2009

Date Submitted: 04/28/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Limited Benefit Hospital, Surgical and Medical Expense Policy      Status of Filing in Domicile: Pending

Project Number: LGSP3

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/15/2009

Explanation for Other Group Market Type:

State Status Changed: 05/15/2009

Deemer Date:

Corresponding Filing Tracking Number: LGSP3

Filing Description:

Enclosed for your review and approval is our LGSP3 Limited Benefit Hospital, Surgical and Medical Expense Policy form and Application form. These forms are submitted as a new filing. They will not replace any previously approved

SERFF Tracking Number:	AMLC-126096328	State:	Arkansas
Filing Company:	Liberty National Life Insurance Company	State Tracking Number:	42234
Company Tracking Number:	LGSP3		
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	Limited Benefit Hospital, Surgical and Medical Expense Policy		
Project Name/Number:	Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3		

forms.

This is not a major medical policy. Policy form LGSP3 is a Limited Benefit Hospital, Surgical and Medical Expense Policy that is guaranteed renewable which provides hospital, surgical and/or medical benefits to the covered person. The policy will be offered as an individual plan as well as a family plan to person's age 0 through 63. This product will be marketed to individuals through licensed agents.

Policy form LGSP3 offers three benefit options with various deductible, co-pay and maximum benefit selections. A Statement of Variability has been attached to the Supporting Documentation tab.

The application to be used with policy form LGSP3 is form LUNIV(03). Form LUNIV-ODF will be used to supplement form LUNIV(03) when the applicant has more than three (3) dependents. Form LUNIV-ODF will never be used separately. Application forms LUNIV(03) and LUNIV-ODF are being filed for general use with our health portfolio.

Optional riders being submitted for your review and approval for general use with our health portfolio are:

R-LCAN(03)	Cancer Rider
R-LCIX	Critical Illness Rider
R-LACC2	Accident Benefit Rider
R-LIB25	Increasing Benefit Rider
R-LIB50	Increasing Benefit Rider

Other riders being submitted for your review and approval for general use with our health portfolio are:

LSBR	Select Benefit Rider
LEBR	Exclusionary Rider
LAPR	Additional Premium Rider

The Optional Life Insurance available may be modified based on market conditions and approvals. Optional life Insurance products currently available on application forms LUNIV(03) and LUNIV-ODF:

SERFF Tracking Number: AMLC-126096328 State: Arkansas

Filing Company: Liberty National Life Insurance Company State Tracking Number: 42234

Company Tracking Number: LGSP3

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense

Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy

Project Name/Number: Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3

Form	Description	Filing Status
8037	Term Life	Previously approved
8039	Whole Life	Previously approved
ALS	20 Year Life	Previously approved
6349	Child Term Life	Previously approved

The Outline of Coverage, form DS-LGSP3, will be provided to the applicant at the time of application for policy form LGSP3.

The Actuarial Memorandum and rates are also enclosed.

I hereby certify that I have carefully reviewed these forms and determined:

1. The forms conform to all insurance statutes and Department requirements of your jurisdiction.
2. The forms contain no provisions previously disapproved by your department.
3. The forms do not contain any unusual or unorthodox provisions and wording.
4. The forms are being filed in Nebraska, our state of domicile, and other jurisdictions in which we are licensed to do business.

## Company and Contact

### Filing Contact Information

Linda Newell, Compliance Analyst  
3700 S. Stonebridge Drive  
McKinney, TX 75070  
Inewell@torchmarkcorp.com  
(214) 544-5379 [Phone]  
(972) 569-3728[FAX]

### Filing Company Information

Liberty National Life Insurance Company	CoCode: 65331	State of Domicile: Nebraska
2001 Third Avenue South	Group Code: 290	Company Type: Life and Health
Birmingham, AL 35233	Group Name: Liberty National Life	State ID Number:
(800) 288-2722 ext. 2912[Phone]	FEIN Number: 63-0124600	

-----

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$250.00
Retaliatory?	No
Fee Explanation:	\$50 for one policy form filing; \$50 for each form with rates (x4) = \$200.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$250.00	04/28/2009	27477479

SERFF Tracking Number: AMLC-126096328 State: Arkansas

Filing Company: Liberty National Life Insurance Company State Tracking Number: 42234

Company Tracking Number: LGSP3

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense

Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy

Project Name/Number: Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/15/2009	05/15/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/08/2009	05/08/2009	Linda Newell	05/12/2009	05/12/2009

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Limited Benefit Hospital, Surgical and Medical Expense Policy	Form	Linda Newell	05/06/2009	05/06/2009
LGSP3 red line 1	Supporting Document	Linda Newell	05/06/2009	05/06/2009
Outline of Coverage	Supporting Document	Linda Newell	05/05/2009	05/05/2009

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		

## Disposition

Disposition Date: 05/15/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-126096328 State: Arkansas

Filing Company: Liberty National Life Insurance Company State Tracking Number: 42234

Company Tracking Number: LGSP3

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense

Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy

Project Name/Number: Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3

Item Type	Item Name	Item Status	Public Access
<b>Supporting Document</b> (revised)	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Supporting Document</b>	LGSP3 red line 1	Approved-Closed	Yes
<b>Supporting Document</b>	Red line of Child Prev. Health Care Services Benefit	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Replaced	Yes
<b>Form</b> (revised)	Limited Benefit Hospital, Surgical and Medical Expense Policy	Approved-Closed	Yes
<b>Form</b>	Application for Insurance	Approved-Closed	Yes
<b>Form</b>	Supplement to Application (Optional Dependent Form)	Approved-Closed	Yes
<b>Form</b>	Cancer Rider	Approved-Closed	Yes
<b>Form</b>	Critical Illness Rider	Approved-Closed	Yes
<b>Form</b>	Accident Rider	Approved-Closed	Yes
<b>Form</b>	Increasing Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Increasing Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Select Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Exclusionary Rider	Approved-Closed	Yes
<b>Form</b>	Additional Premium Rider	Approved-Closed	Yes
<b>Form</b>	Limited Benefit Hospital, Surgical and Medical Expense Policy	Replaced	Yes
<b>Form</b>	Limited Benefit Hospital, Surgical and Medical Expense Policy	Replaced	Yes
<b>Rate</b>	LGSP3 Rate Pages	Approved-Closed	Yes
<b>Rate</b>	R-LCAN Rate Page	Approved-Closed	Yes
<b>Rate</b>	R-LCIX Rate Page	Approved-Closed	Yes
<b>Rate</b>	R-LACC2 Rate Page	Approved-Closed	Yes

SERFF Tracking Number: AMLC-126096328 State: Arkansas  
Filing Company: Liberty National Life Insurance Company State Tracking Number: 42234  
Company Tracking Number: LGSP3  
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy  
Project Name/Number: Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/08/2009  
Submitted Date 05/08/2009  
Respond By Date  
Dear Linda Newell,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Limited Benefit Hospital, Surgical and Medical Expense Policy (Form)

Comment: Please refer to Page 7 and 8, item 3 (Child Preventive Health Care Services).

Immunization benefit is not in compliance with ACA 23-79-141(f)(2)(A) which states that...."Benefits for recommended immunization services shall be exempt from any copayment, coinsurance, deductible, or dollar limit provisions in the health insurance policy. This exemption shall be explicitly stated in the policy.

Please feel free to contact me if you have questions.

Sincerely,  
Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/12/2009  
Submitted Date 05/12/2009

Dear Rosalind Minor,

### Comments:

Thank you for your review of our filing.

### Response 1

Comments: We have revised this benefit to comply with ACA 23-79-141. We have attached a red line version of this benefit to show the changes made. No other revisions were made to this form.



SERFF Tracking Number: AMLC-126096328 State: Arkansas  
Filing Company: Liberty National Life Insurance Company State Tracking Number: 42234  
Company Tracking Number: LGSP3  
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy  
Project Name/Number: Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3

### Related Objection 1

Applies To:

- Limited Benefit Hospital, Surgical and Medical Expense Policy (Form)

Comment:

Please refer to Page 7 and 8, item 3 (Child Preventive Health Care Services).

Immunization benefit is not in compliance with ACA 23-79-141(f)(2)(A) which states that...."Benefits for recommended immunization services shall be exempt from any copayment, coinsurance, deductible, or dollar limit provisions in the health insurance policy. This exemption shall be explicitly stated in the policy.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Red line of Child Prev. Health Care Services Benefit

Comment:

#### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Limited Benefit Hospital, Surgical and Medical Expense Policy	LGSP3		Policy/Contract/Fraternal Certificate	Initial		50	LGSP3-AR.pdf
<b>Previous Version</b>							
Limited Benefit Hospital, Surgical and Medical Expense Policy	LGSP3		Policy/Contract/Fraternal Certificate	Initial		50	LGSP3-AR.pdf
Limited Benefit Hospital, Surgical and Medical Expense Policy	LGSP3		Policy/Contract/Fraternal Certificate	Initial		50	LGSP3-AR.pdf

No Rate/Rule Schedule items changed.

Thank you for your assistance with this filing.

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		

Sincerely,  
Linda Newell, Toni Thompson

SERFF Tracking Number: AMLC-126096328 State: Arkansas  
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 42234  
 Company Tracking Number: LGSP3  
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy  
 Project Name/Number: Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3

## Amendment Letter

Amendment Date:

Submitted Date: 05/06/2009

### Comments:

We have revised form LGSP3 by making three minor revisions on pages 5 and 6. We have attached a red line version for your convenience in reviewing the revision. No other revisions were made to this form.

We apologize for the inconvenience and thank you for your cooperation.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LGSP3	Policy/Contr act/Fraternal Certificate	Limited Hospital, Surgical and Medical Expense Policy	Initial				50	LGSP3-AR.pdf

#### Supporting Document Schedule Item Changes:

#### User Added -Name: LGSP3 red line 1

Comment:

LGSP3-AR red line1.pdf

## Amendment Letter

SERFF Tracking Number: AMLC-126096328 State: Arkansas

Filing Company: Liberty National Life Insurance Company State Tracking Number: 42234

Company Tracking Number: LGSP3

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense

Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy

Project Name/Number: Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3

## Form Schedule

Lead Form Number: LGSP3

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LGSP3	Policy/Cont	Limited Benefit Hospital, Surgical and Medical Expense Certificate Policy	Initial		50	LGSP3-AR.pdf
Approved-Closed	LUNIV(03)	Application/Enrollment Form	Application for Insurance	Initial		51	LUNIV(03).pdf
Approved-Closed	LUNIV-ODF	Other	Supplement to Application (Optional Dependent Form)	Initial		51	LUNIV-ODF.pdf
Approved-Closed	R-LCAN(03)	Policy/Cont	Cancer Rider	Initial		52	R-LCAN(03).pdf
Approved-Closed	R-LCIX	Policy/Cont	Critical Illness Rider	Initial		52	R-LCIX.pdf
Approved-Closed	R-LACC2	Policy/Cont	Accident Rider	Initial		50	R-LACC2.pdf

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		
	<b>Certificate:</b> Amendmen t, Insert Page, Endorseme nt or Rider		
Approved- R-LIB25 Closed	Policy/Cont Increasing Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	R-LIB25.pdf
Approved- R-LIB50 Closed	Policy/Cont Increasing Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	R-LIB50.pdf
Approved- LSBR Closed	Policy/Cont Select Benefit Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	LSBR.pdf
Approved- LEBR Closed	Policy/Cont Exclusionary Rider ract/Fratern al Certificate:	Initial	LEBR.pdf

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		
	Amendmen t, Insert Page, Endorseme nt or Rider		
Approved- LAPR Closed	Policy/Cont Additional Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	LAPR.pdf





LIMITED BENEFIT HOSPITAL, SURGICAL AND MEDICAL EXPENSE POLICY  
GUARANTEED RENEWABLE FOR YOU AND EACH COVERED FAMILY MEMBER AS STATED IN THE RENEWAL  
AGREEMENT. COMPANY CANNOT CANCEL POLICY. COMPANY MAY CHANGE PREMIUM RATES BY CLASS.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085**  
**A Legal Reserve Stock COMPANY \* Administrative Offices: McKinney, Texas**

**30-DAY RIGHT TO EXAMINE POLICY**

If YOU are not satisfied with this policy for any reason, return it to OUR Administrative Offices or to the agent within 30 days after YOU receive it. Any premium YOU paid will be refunded. The policy will be void from the beginning. It will be as if no policy had been issued.

**RENEWAL AGREEMENT**

YOU can continue this policy in force for successive renewal terms of 1 month, 3 months, 6 months, or 12 months by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under OUR applicable table of premium rates that is in effect on the respective due dates of the premiums. WE have the right to change the renewal premiums for this policy when WE change, and in accordance with, OUR table of premium rates applicable to all policies of this form and class. Class is based on benefit amounts, persons covered under the policy, state of issue, age at issue, gender, underwriting group and geographic rating area. WE also have the right to change the renewal premiums for this policy when the persons covered under the policy change, in accordance with the table of premium rates applicable to all policies of this form and class.

**BENEFIT SCHEDULE**

<b>PART 1</b> Daily Hospital Room and Board Benefit . .up to \$ [400.00]	<b>PART 7</b> Ambulance Benefit . . . . . up to \$ [200.00]
<b>PART 2</b> Daily Intensive Care Benefit . . . . . up to \$ [800.00]	<b>PART 8</b> Inpatient Physician Expense Benefit . . up to \$ [35.00]
<b>PART 3</b> Misc. Hospital Expense Benefit . . .80% up to \$ [15,000.00]	Inpatient Physician Expense Maximum . . . . \$ [2,000.00]
Hospital Deductible Amount . . . . . \$ [2,500.00]	<b>PART 9</b> {Doctor Office Visit Benefit . . . . .80% up to \$ [50.00]}
<b>PART 4</b> Surgeon Benefit Limit . . . . . up to \$ [5,000.00]	{Wellness Exam Benefit . . . . .80% up to \$ [100.00]}
Surgery Conversion Factor . . . . . [90]	{Doctor Office Visit Yearly Maximum . . . . . \$ [500.00]}
<b>PART 5</b> Radiation Therapy Benefit . . . . . up to \$ [5,000.00]	<b>PART 10</b> Outpatient Expense Benefit . . . . .80% up to \$ [500.00]
<b>PART 6</b> Private Duty Nurse Benefit . . . . . up to \$ [75.00]	{Outpatient Deductible Amount . . . . . \$ [100.00]}

**POLICY SCHEDULE**

<b>INSURED</b>	<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>INITIAL TERM EXPIRES ON</b>	<b>INITIAL PREMIUM</b>
[John Doe]	12345678	05-01-09	06-01-09	\$100.00]

**ADDITIONAL BENEFIT RIDERS**

[Increasing Benefit Rider], [Critical Illness Rider], [Accident Rider], [Cancer Rider]

---

The Policy Schedule includes premiums for additional benefit riders, if any, unless provided to the contrary in the rider(s).

---

## INSURING CLAUSE

The COMPANY insures YOU against specified losses incurred by a COVERED PERSON. Benefits payable under this policy, subject to all of its provisions, limitations and exclusions, will be paid to YOU or, at OUR option, to the HOSPITAL, PHYSICIAN, or person providing any care, treatment, service, or supply covered by this policy. For the purpose of determining benefits payable for a particular SICKNESS of a COVERED PERSON after the applicable benefit limits for that SICKNESS have been paid by the COMPANY, it shall be considered a new SICKNESS, which is then again covered under this policy, if the COVERED PERSON goes without a PHYSICIAN'S advice or treatment for that particular SICKNESS for a period of 24 consecutive months. OUR obligation to make payment under this policy for any particular SICKNESS or INJURY shall not exceed the amounts disclosed in the Benefit Schedule or described elsewhere in this policy. A benefit will only be due and payable when a COVERED PERSON is obligated to pay a charge that is incurred for any covered care, treatment, service, or supply, or combination thereof, provided to or for a COVERED PERSON while this policy is in force. An expense or charge is incurred on the date the care, treatment, service, or supply is provided.

## PRE-EXISTING CONDITION LIMITATION

This policy does not insure YOU against loss incurred by YOU or a covered FAMILY MEMBER during the 12 months immediately after the effective date of this policy if that loss results from a PRE-EXISTING CONDITION. In addition, any PRE-EXISTING CONDITION listed on the application is not covered for the first 12 months after the policy effective date. Conditions, illnesses, diseases, disorders, or injuries specifically excluded by rider are never covered.

## TABLE OF CONTENTS

	Page		Page
30-Day Right To Examine Policy .....	1	Private Duty Nurse Benefit .....	5
Renewal Agreement .....	1	Ambulance Benefit .....	6
Insuring Clause .....	2	Inpatient Physician Expense Benefit.....	6
Pre-Existing Condition Limitation .....	2	Doctor Office Visit Benefit.....	6
Definitions .....	2	Outpatient Expense Benefit.....	6
Daily Hospital Room And Board Benefit.....	4	Refund Of Premiums For Loss Of Life	
Daily Intensive Care Benefit.....	4	From Accidental Injury .....	7
Miscellaneous Hospital Expense Benefit .....	4	Other Benefits.....	7
Surgical Procedure Benefits.....	5	Limitations and Exclusions .....	10
Radiation Therapy Benefit.....	5	Policy Provisions .....	11

## DEFINITIONS

Where used in this policy:

**ACCIDENT** and **ACCIDENTAL** means that which happens by chance or fortuitously, without intention or design, and which is unexpected, unusual and unforeseen.

**AMBULATORY SURGICAL CENTER** means a freestanding facility, other than a PHYSICIAN'S office, where surgical and diagnostic services are provided on an ambulatory basis.

**CHILD PREVENTIVE HEALTH CARE SERVICES** means PHYSICIAN-delivered or PHYSICIAN-supervised services for covered dependents from birth through eighteen (18) years of age that are provided for PERIODIC PREVENTIVE CARE VISITS, including medical history, physical examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards.

**COVERED PERSON** means YOU or any covered FAMILY MEMBER.

**DIABETES SELF-MANAGEMENT TRAINING** means instruction in an inpatient or outpatient setting which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications. Such instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

**FAMILY MEMBER** means a person who is named in the application for coverage under this policy, other than the Proposed Insured, or a person who has been added in accordance with the ELIGIBILITY AND INSURED'S TERMINATION provision.

**HOSPITAL** means a medical facility, operated pursuant to law, which: (1) is primarily and continuously engaged in providing medical and diagnostic care for the treatment of sick or injured persons on an acute care inpatient basis under the supervision of one or more licensed physicians for which a charge is made; and (2) provides 24-hour nursing service by or under the supervision of a Registered Nurse (R.N.). "HOSPITAL" does not mean a facility or special unit of a facility primarily operated as: (a) a convalescent, skilled nursing, swing bed, or other nursing facility; (b) a facility or special unit of a facility primarily affording

rehabilitative care; or (c) a facility or special unit of a facility primarily affording care or treatment for the aged, or for chemical dependency, alcohol abuse, or mental or nervous disorder.

**HOSPITAL STAY** means one day or more of inpatient confinement within a HOSPITAL, and under the care of a PHYSICIAN, for which a charge for room and board is incurred due to an INJURY or SICKNESS.

**INHERITED METABOLIC DISEASE** means a disease caused by an inherited abnormality of body chemistry.

**INJURY** means accidental bodily injury sustained by a COVERED PERSON which is the direct cause independently of disease, bodily infirmity or other cause of the loss and occurs while the insurance is in force.

**INTENSIVE CARE** means care which is provided within a separate area or unit of a HOSPITAL that has been set aside for care of the critically ill or injured. The area or unit must have special monitoring equipment for the use of PHYSICIANS, nurses or other medical specialists assisting in the unit. INTENSIVE CARE does not include: step-down, isolation, telemetry, or post-intensive care units of a HOSPITAL.

**LOW PROTEIN MODIFIED FOOD PRODUCT** means a food product that is:

1. Specially formulated to have less than one (1) gram of protein per serving; and
2. Intended to be used under the direction of a PHYSICIAN for the dietary treatment of an INHERITED METABOLIC DISEASE.

**MASTECTOMY** means the removal of all or part of the breast for MEDICALLY NECESSARY reasons as determined by a PHYSICIAN who is licensed as a medical doctor or doctor of osteopathy.

**MEDICAL FOOD** means a food that is:

1. Intended for the dietary treatment of a disease or condition for which nutritional requirements are established by recognized scientific principles; and
2. Formulated to be consumed or administered enterally under the direction of a PHYSICIAN.

**MEDICALLY NECESSARY** means:

1. consistent with the symptoms or diagnosis and treatment of YOUR or a covered FAMILY MEMBER'S SICKNESS or INJURY; and
2. appropriate with regard to the standards of good medical practice; and
3. the most appropriate level of service that can be safely provided to YOU or a covered FAMILY MEMBER.

In order to determine that care is MEDICALLY NECESSARY, WE reserve the right to obtain, at OUR expense, a second opinion from a PHYSICIAN who (a) is not an employee or owner of a facility or agency from which YOU or a covered FAMILY MEMBER receive care, and (b) specializes in the condition that is the subject of YOUR claim.

**MENTAL ILLNESS** means psychosis, neurosis or an emotional disorder.

**PERIODIC PREVENTIVE CARE VISITS** means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

**PHYSICIAN** and **DOCTOR** mean a person duly licensed in the United States and duly qualified to provide care, treatment, services, or supplies for the INJURY or SICKNESS that is the subject of YOUR claim, or for the additional conditions or disorders, or diagnostic services, which are specifically covered under PART 12 of this policy, PHYSICIAN or DOCTOR does not include YOU or any member of YOUR household or immediate family. Primary Care Physician (PCP) means a PHYSICIAN who provides basic diagnosis and treatment of common illnesses and medical conditions. A Specialist means a PHYSICIAN who provides diagnosis and treatment for a specific specialty of medicine for which he or she has received additional education, training and experience.

**PRE-EXISTING CONDITION** means any medical condition, illness, disease, disorder, or injury for which symptoms existed that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment within the 12-month period immediately prior to the effective date of YOUR or the covered FAMILY MEMBER'S coverage under this policy. It also means any medical condition, illness, disease, disorder, or injury for which YOU or the covered FAMILY MEMBER did receive treatment or medical advice during the 12-month period immediately prior to YOUR or the covered FAMILY MEMBER'S effective date of coverage under this policy. PRE-EXISTING CONDITION will include any medical condition, illness, disease, disorder, or injury listed on YOUR application for YOU or a covered FAMILY MEMBER, which occurred within the 12-month period immediately prior to the effective date of YOUR or the covered FAMILY MEMBER'S coverage under this policy, irrespective of whether a rider has been issued. It also means a pregnancy existing at any time prior to, and which continues to exist as of, the Effective Date of YOUR or the covered FAMILY MEMBER'S coverage under this policy.

**RADIATION THERAPY** means the treatment of a SICKNESS by application of roentgen rays, radium, ultraviolet, and other radiations.

**RELATIVE VALUE UNITS** means the total unit value of the service, including all three components: PHYSICIAN work, facility practice expense, and professional liability expense, as contained in the national RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS).

**RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS)** means the scale of relative values for medical and surgical procedures that is maintained and updated by the Centers for Medicare and Medicaid Services with input from the AMA/Specialty Society Relative Value Scale Committee (RUC).

**SICKNESS** means a medical condition, illness, disease, or disorder which first manifests itself after the Effective Date of the policy and while this policy is in force. A medical condition, illness, disease, or disorder is "manifested" when it is diagnosed by a PHYSICIAN, or whenever the COVERED PERSON begins experiencing any symptom or sign of the medical condition, illness, disease, or disorder. SICKNESS includes continuations and reoccurrences of the medical condition, illness, disease, or disorder, and all general conditions associated with, related to, or caused by the medical condition, illness, disease, or disorder.

**SURGICAL PROCEDURE** means the performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, endoscopic examinations, and any one procedure designated by Current Procedural Terminology codes as surgery, except that venipuncture for the collection of blood for the purpose of performing a test shall not be considered a surgery. SURGICAL PROCEDURE shall also include all post-operative care for the 90-day period following surgery.

**WE, US, OUR** and **COMPANY** mean Liberty National Life Insurance Company.

**YOU, YOUR, YOURS** and **INSURED** mean the COVERED PERSON whose name is shown in the POLICY SCHEDULE as the INSURED.

#### **PART 1 DAILY HOSPITAL ROOM AND BOARD BENEFIT**

WE will pay a benefit for MEDICALLY NECESSARY HOSPITAL room expenses incurred by YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY. Such HOSPITAL room expenses incurred must be the result of an INJURY or SICKNESS. The benefit payable shall not exceed the Daily HOSPITAL Room and Board Benefit stated in the Benefit Schedule for each day of the HOSPITAL STAY, and shall not be for more than 2 years for any one INJURY or SICKNESS.

#### **PART 2 DAILY INTENSIVE CARE BENEFIT**

WE will pay a benefit for MEDICALLY NECESSARY INTENSIVE CARE expenses incurred by YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY. Such INTENSIVE CARE admission and expenses incurred must be the result of an INJURY or SICKNESS. The benefit payable shall not exceed the Daily Intensive Care Benefit stated in the Benefit Schedule for each day of INTENSIVE CARE, and shall not be for more than 90 days for any one INJURY or SICKNESS.

The benefit payable under this PART 2 for any day of INTENSIVE CARE is in lieu of the Daily Hospital Room and Board Benefit provided under PART 1 of this policy.

#### **PART 3 MISCELLANEOUS HOSPITAL EXPENSE BENEFIT**

WE will pay a benefit at the rate of 80% of the expenses incurred by YOU or a covered FAMILY MEMBER, in excess of the HOSPITAL Deductible Amount stated in the Benefit Schedule, for MEDICALLY NECESSARY care, treatment, services, and supplies provided by a HOSPITAL to or for YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY, or for MEDICALLY NECESSARY care, treatment, services, and supplies provided by a HOSPITAL or AMBULATORY SURGICAL CENTER to or for YOU or a covered FAMILY MEMBER during a necessary outpatient admission for a SURGICAL PROCEDURE payable under PART 4 of this policy. Such care, treatment, services, and supplies and expenses incurred during a HOSPITAL STAY or an outpatient surgical admission must be the result of an INJURY or SICKNESS.

The benefit under this PART 3 will not exceed the amount of the Miscellaneous Hospital Expense Benefit stated in the Benefit Schedule for all such expenses incurred during a necessary HOSPITAL STAY or a necessary outpatient surgical admission, or for any one INJURY or SICKNESS, irrespective of the number of necessary HOSPITAL STAYS or outpatient surgical admissions. Only one benefit is payable for a HOSPITAL STAY or outpatient surgical admission even if the COVERED PERSON'S care, treatment, services, and supplies are for multiple INJURIES or SICKNESSES during any HOSPITAL STAY or outpatient surgical admission.

In determining the benefit payable under this PART 3, WE will not include expenses incurred for: (1) PHYSICIAN charges (including professional charges); (2) HOSPITAL room charges; (3) INTENSIVE CARE charges; or (4) charges for which coverage is provided or any benefit is payable under any other PART of this policy.

WE will pay the larger of either the Miscellaneous Hospital Expense Benefit payable under this PART 3 or the Outpatient Expense Benefit payable under PART 10, but not both, where surgery is performed in a HOSPITAL or AMBULATORY SURGICAL CENTER on an outpatient basis.

## **PART 4**

## **SURGICAL PROCEDURE BENEFITS**

### **1. SURGEON BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN performing a MEDICALLY NECESSARY SURGICAL PROCEDURE on YOU or a covered FAMILY MEMBER. Such SURGICAL PROCEDURE and expenses incurred must be the result of an INJURY or SICKNESS. The benefit will be equal to the fee charged by the PHYSICIAN for the SURGICAL PROCEDURE, but, in no event will the benefit payable be more than the lesser of either: (a) an amount equal to the Surgery Conversion Factor stated in the Benefit Schedule times the RELATIVE VALUE UNITS for that procedure as contained in the national RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS) last published and effective before the date of the SURGICAL PROCEDURE; or (b) the Surgeon Benefit Limit amount stated in the Benefit Schedule. If the SURGICAL PROCEDURE is not contained in the RBRVS, the benefit payable will be the lesser of: (a) the fee charged by the PHYSICIAN for the SURGICAL PROCEDURE; (b) the amount that would be payable for the most comparable SURGICAL PROCEDURE in severity and gravity; or (c) the Surgeon Benefit Limit amount stated in the Benefit Schedule. In the event that the RBRVS is discontinued, WE shall thereafter have the right to continue to use the RELATIVE VALUE UNITS contained in the last published RBRVS or, at OUR option and upon reasonable written notice to YOU, WE may designate an alternative, generally accepted, method to be used for determining relative values from the date specified in OUR notice.

WE will not pay a benefit for more than one SURGICAL PROCEDURE (the largest applicable) under this PART 4 for all SURGICAL PROCEDURES performed as a result of any one INJURY or SICKNESS.

For any one INJURY or SICKNESS, WE will pay the greater of either: (a) the Surgeon Benefit provided in this PART 4; or (b) the total of all Inpatient Physician Expense Benefits under PART 8 and Doctor Office Visit Benefits under PART 9 which would otherwise be payable.

### **2. ASSISTANT SURGEON BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN providing MEDICALLY NECESSARY assistance to the primary PHYSICIAN during a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under this PART 4. Such surgical assistance and expenses incurred must be the result of an INJURY or SICKNESS. The benefits will not exceed 20% of the amount payable for the Surgeon Benefit.

### **3. ADMINISTRATION OF ANESTHETIC BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN providing MEDICALLY NECESSARY administration of anesthetic to YOU or a covered FAMILY MEMBER during a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under this PART 4. Such anesthetic administration and expenses incurred must be the result of an INJURY or SICKNESS. The administration of anesthetic must be by a PHYSICIAN or a legally qualified anesthetist. The benefits will not exceed 25% of the amount payable for the Surgeon Benefit. WE will not pay any benefit for the administration of anesthetic by the primary PHYSICIAN or the assistant surgeon.

## **PART 5**

## **RADIATION THERAPY BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY RADIATION THERAPY provided to or for YOU or a covered FAMILY MEMBER at a HOSPITAL or PHYSICIAN'S office. Such RADIATION THERAPY and expenses incurred must be the result of an INJURY or SICKNESS. WE will not pay benefits in excess of the Radiation Therapy Benefit stated in the Benefit Schedule for all such expense incurred because of any one INJURY or SICKNESS. The benefit under this PART 5 will be calculated and paid based on a single diagnosed SICKNESS, and not according to the bodily location or locations where the diagnosed SICKNESS may be present or has or have been treated.

If a benefit or benefits are payable under any other PART of this policy for an incurred expense also payable under this PART 5, only one benefit, the largest, will be payable for such expense.

## **PART 6**

## **PRIVATE DUTY NURSE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for the MEDICALLY NECESSARY full-time care and attendance of a private duty licensed nurse (L.V.N., L.P.N., or R.N.) provided to or for YOU or a covered FAMILY MEMBER during a HOSPITAL STAY. Such private duty nurse care, treatment, or services and expenses incurred must be the result of an INJURY or SICKNESS. WE will pay up to the Private Duty Nurse Benefit stated in the Benefit Schedule per 8 hour shift, but shall not pay for more than 2 shifts per day, or in excess of a total of 180 shifts as a result of any one INJURY or SICKNESS.

WE will not pay benefits for private duty nurse care, treatment or services provided by a COVERED PERSON or a member of any COVERED PERSON'S household or immediate family.

**PART 7****AMBULANCE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY ambulance service for YOU or a covered FAMILY MEMBER. Such ambulance service and expenses incurred must be the result of an INJURY or SICKNESS. The ambulance service must be to or from a HOSPITAL. WE will not pay more than the Ambulance Benefit stated in the Benefit Schedule for any one INJURY or SICKNESS, regardless of the frequency that ambulance service is required because of that INJURY or SICKNESS. Only one benefit will be payable for any one trip.

**PART 8****INPATIENT PHYSICIAN EXPENSE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY care, treatment, and services provided to or for YOU or a covered FAMILY MEMBER by one PHYSICIAN during a necessary HOSPITAL STAY according to the following:

1. If a SURGICAL PROCEDURE for which a benefit is payable under PART 4 of this policy was not performed, WE will pay an amount not to exceed the Inpatient Physician Expense Benefit stated in the Benefit Schedule. Only one Inpatient Physician Expense Benefit will be paid per day, regardless of the number of PHYSICIANS rendering care, treatment or services to or for YOU or the covered FAMILY MEMBER; and
2. If a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under PART 4 of this policy was performed for any one INJURY or SICKNESS, WE will pay an amount equal to the greater of: (a) the applicable Surgeon Benefit in PART 4; or (b) the total of the benefit in (1) above which would otherwise be payable plus any Doctor Office Visit Benefits payable under PART 9.

A benefit will only be paid if such PHYSICIAN care, treatment, and services and expenses incurred were the result of an INJURY or SICKNESS. The total benefit payable under this PART 8 shall not exceed the Inpatient Physician Expense Maximum for any one INJURY or SICKNESS.

**{PART 9****DOCTOR OFFICE VISIT BENEFIT**

WE will pay benefits for expenses incurred by YOU or a covered FAMILY MEMBER for outpatient care, treatment and services, by a DOCTOR provided to or for YOU or a covered FAMILY MEMBER at the DOCTOR'S office, clinic, a HOSPITAL (on an outpatient basis), or at place of residence according to the following:

1. For MEDICALLY NECESSARY care, treatment and services resulting from an INJURY or SICKNESS which does not require a SURGICAL PROCEDURE, WE will pay a benefit at the rate of 80% of the fee charged by the DOCTOR, but, in no event will the benefit payable for such care, treatment and services be more than the Doctor Office Visit Benefit stated in the Benefit Schedule. Only one Doctor Office Visit Benefit will be paid per day, regardless of the number of DOCTORS providing care, treatment, and services to or for YOU or the covered FAMILY MEMBER and regardless of the number of visits during the day;
2. For MEDICALLY NECESSARY care, treatment, and services resulting from any one INJURY or SICKNESS which requires a SURGICAL PROCEDURE, WE will pay an amount equal to the greater of the applicable Surgeon Benefit in PART 4 or the total of the benefit in (1) above which would otherwise be payable plus any Inpatient Physician Expense Benefits payable under PART 8; and
3. For a physical wellness exam in the absence of INJURY or SICKNESS, WE will pay a benefit at the rate of 80% of the fee charged by the DOCTOR, but, in no event will the benefit payable for any physical wellness exam performed exceed the Wellness Exam Benefit stated in the Benefit Schedule. Each COVERED PERSON will be entitled to one physical wellness exam per policy year.

The total benefits payable under this PART 9 shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule during any policy year.}

**PART 10****OUTPATIENT EXPENSE BENEFIT**

WE will pay a benefit at the rate of 80% of expenses incurred by YOU or a covered FAMILY MEMBER, in excess of the Outpatient Deductible Amount stated in the Benefit Schedule, for MEDICALLY NECESSARY outpatient care, treatment, and services provided to or for YOU or a covered FAMILY MEMBER. Such outpatient care, treatment, and services and expenses incurred must be the result of an INJURY or SICKNESS. Outpatient care, treatment, and services include:

1. Outpatient HOSPITAL expense;
2. Diagnostic imaging performed at other duly licensed locations; and
3. Laboratory tests performed at other duly licensed locations, including pathology tests.

WE will not pay in excess of the Outpatient Expense Benefit stated in the Benefit Schedule for expenses incurred for outpatient care, treatment, and services resulting from any one INJURY or SICKNESS.

If a benefit or benefits are payable under any other PART of this policy for an incurred expense also payable under this PART 10, only one benefit, the largest, will be payable for such expense.

## **PART 11 REFUND OF PREMIUMS FOR LOSS OF LIFE FROM ACCIDENTAL INJURY**

WE will refund to YOUR estate the premiums paid for YOUR individual coverage under this policy if YOU die due to an INJURY while YOUR coverage is in force or effect. WE will refund to YOU the premiums paid under this policy for the coverage of a covered FAMILY MEMBER if that member dies due to an INJURY while his or her coverage is in force or effect.

To be entitled to said refund of premium, the death must occur while this policy is in force and within 180 days of the INJURY causing death.

## **PART 12 OTHER BENEFITS**

On the condition that a benefit for expenses incurred for the following care, treatment, services, and supplies is not elsewhere provided in this policy, WE will pay benefits for expenses incurred for the following care, treatment, services, and supplies provided to a COVERED PERSON while this policy is in force according to the terms, dollar amounts and maximums set forth below in this PART 12 with respect to such covered care, treatment, services, and supplies. ALL BENEFITS PAYABLE UNDER THIS PART 12 SHALL BE SUBJECT TO ALL POLICY PROVISIONS, LIMITATIONS AND EXCLUSIONS, DEDUCTIBLES, CO-PAYS, CO-INSURANCE, AND DOLLAR-LIMIT PROVISIONS OF THIS POLICY, EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED IN THIS PART 12. A benefit payable under this PART 12 shall not duplicate any benefit or benefits payable under any other PART or PARTS of this policy. The total benefit payable for care, treatment, services, and supplies covered under this PART 12 of the policy, together with benefits paid under any other policy or policies issued by US to YOU or a covered FAMILY MEMBER, will never exceed the total expense incurred by YOU or the covered FAMILY MEMBER for such care, treatment, services, and supplies.

### **1. MATERNITY BENEFITS, MINIMUM HOSPITAL STAYS**

As described in PART 13(1), this policy does not provide benefits for normal pregnancy. However, for a HOSPITAL STAY for which benefits are otherwise provided under this policy to a COVERED PERSON for a distinct complication of pregnancy, WE will provide a benefit for expenses incurred due to a distinct complication of pregnancy by any COVERED PERSON for a HOSPITAL STAY and inpatient care for a minimum of forty-eight (48) hours of inpatient care following vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following a cesarean section for a mother, her newly born child, or both, in a HOSPITAL or any other health care facility licensed to provide obstetrical care, when that HOSPITAL STAY is deemed MEDICALLY NECESSARY by the attending PHYSICIAN, who is a medical doctor.

### **2. BREAST RECONSTRUCTIVE SURGERY AND PROSTHETIC DEVICE BENEFIT**

WE will provide a benefit for the following expenses incurred by YOU or a covered FAMILY MEMBER for prosthetic devices, breast reconstructive surgery, or both, for a COVERED PERSON incident to a MASTECTOMY covered under this policy, including:

- 1) Reconstruction of the breast on which the MEDICALLY NECESSARY MASTECTOMY has been performed;
- 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 3) Prostheses and physical complications from all stages of MASTECTOMY, including lymphedemas.

To be covered, breast reconstructive surgery must be in the manner chosen by the affected COVERED PERSON'S treating PHYSICIAN, who is a licensed medical doctor or doctor of osteopathy, consistent with prevailing medical standards, and in consultation with the affected COVERED PERSON.

A benefit for prosthetic devices and breast reconstructive surgery covered under this subpart of PART 12 will be paid as follows:

- a. For prosthetic devices and breast reconstructive surgery not covered under PARTS 1-10 of this policy because such care is not being provided in relation to a SICKNESS, or because maximum policy benefits have been paid previously for the SICKNESS that resulted in the MEDICALLY NECESSARY MASTECTOMY, WE will consider all that COVERED PERSON'S prosthetic devices and breast reconstructive surgery(ies) collectively, as though they were for a single SICKNESS (separate from the SICKNESS that resulted in the MEDICALLY NECESSARY MASTECTOMY) under this policy.
- b. For prosthetic devices and breast reconstructive surgery not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum equal to 80% of the incurred expenses, but not to exceed a maximum benefit of \$500 for prosthetic devices and breast reconstructive surgery for any one COVERED PERSON.

### **3. CHILD PREVENTIVE HEALTH CARE SERVICES BENEFIT**

WE will provide a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for PERIODIC PREVENTIVE CARE VISITS related to CHILD PREVENTIVE HEALTH CARE SERVICES for a COVERED PERSON when that COVERED PERSON attains the following ages: birth, two weeks, two months, four months, six months, nine months, twelve months, fifteen months, eighteen months, two years, three years, four years, five years, six years, eight years, ten years, twelve years, fourteen years, sixteen years and eighteen years. CHILD PREVENTIVE HEALTH CARE SERVICES shall be limited to services provided by or

under the supervision of a single PHYSICIAN or other primary health care provider who is a licensed medical doctor or doctor of osteopathy during the course of one visit.

If the periodic visit is not otherwise covered under another PART of this policy, WE will pay a benefit under this subpart of PART 12 in accordance with the following:

- a. For the expenses incurred for the services attributable to a history, physical examination, developmental assessment anticipatory guidance, or any combination thereof, WE will make payment as if such services were for a covered PHYSICIAN'S wellness exam payable under PART 9(3). This benefit will be provided for each such periodic visit. The combined amount of payments made during any policy year for any one COVERED PERSON under 18 years of age for Doctor Office Visits payable under PART 9, as stated in the Benefit Schedule, and for periodic visits during which services attributable to a history, physical examination, developmental assessment and anticipatory guidance are provided, payable as set forth herein, shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule.
- b. For the expenses incurred for the services attributable laboratory tests, WE will pay a sum of money equal to 80% of the incurred expenses, not to exceed a maximum benefit of \$50 for each covered periodic visit during which laboratory tests are provided to or for any one COVERED PERSON.
- c. For the expenses incurred for the services attributable to immunizations provided to or for any one COVERED PERSON, WE will pay a sum of money equal to 100% of the incurred expenses, but not to exceed levels established by the Insurance Commissioner established for the same services under the Medicaid program in the State of Arkansas. Immunizations covered under this SUBPART 12(3)(c) shall be exempt from any copayment, coinsurance, deductible, or dollar limit provisions in this policy

All CHILDREN'S PREVENTIVE HEALTH CARE SERVICES provided in subparts (3)(a) and (3)(b) above will be subject to copayment, coinsurance, deductible, or dollar limit provisions.

#### **4. DIABETES BENEFIT**

WE will provide a benefit for expenses incurred by a COVERED PERSON for medically appropriate and necessary equipment, supplies, diabetes outpatient self-management training and educational services, or any combination thereof, used in the management and treatment of diabetes for persons with gestational, type I or type II diabetes, if the COVERED PERSON'S treating PHYSICIAN or a PHYSICIAN who specializes in the treatment of diabetes certifies that such services are necessary.

The diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Any nutrition counseling must be provided by a licensed dietician.

For equipment, supplies, treatment, service, training, or any combination thereof, for diabetes covered under this subpart of PART 12, and not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge not to exceed a maximum benefit of \$1,500 during any policy year for all equipment, supplies, treatment, service, or training for diabetes provided that COVERED PERSON.

#### **5. ANESTHESIA AND HOSPITALIZATION FOR DENTAL PROCEDURES BENEFIT**

WE will provide a benefit for general anesthesia, hospital charges, or both for dental care charges incurred in a HOSPITAL or AMBULATORY SURGICAL CENTER when the procedure is performed by (i) a fully accredited specialist in pediatric dentistry or other dentist fully accredited in a recognized dental specialty for which HOSPITAL or AMBULATORY SURGICAL CENTER privileges are granted; (ii) a dentist who is certified by virtue of completion of an accredited program of postgraduate training to be granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; or (iii) a dentist who has not yet satisfied certification requirements but has been granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; and when the COVERED PERSON receiving such treatment:

- 1) is younger than 7 years of age;
- 2) has a serious mental or physical condition; or
- 3) has significant behavioral problems.

This benefit does not cover routine dental care, including the diagnosis or treatment of disease or other dental conditions and procedures not specifically covered under this subpart of PART 12.



A benefit for anesthesia or facility charges for dental care covered under this subpart of PART 12 will be paid as follows:

- a. For anesthesia or facility charges for dental care not otherwise eligible for coverage under this policy, WE will consider that COVERED PERSON'S incurred expenses for anesthesia and facility charges for dental care as though they were eligible for coverage under PARTS 1-4 and PART 10 of the policy.
- b. For anesthesia or facility charges for dental care not covered under PARTS 1-10 of this policy, or brought within the scope of coverage based on (a) above, WE will pay a sum equal to 80% of the incurred expenses, but not to exceed a maximum benefit of \$100 for all anesthesia and facility charges for dental care provided to any one COVERED PERSON.

## **6. SPEECH AND HEARING DISORDERS BENEFIT**

WE will provide a benefit for the expenses incurred for MEDICALLY NECESSARY care and treatment of loss or impairment of speech or hearing, or both if treated by a speech pathologist, audiologist or speech language pathologist licensed by the state board of healing arts or certified by the American Speech-Language and Hearing Association or both, and which fall within the scope of their license or certification. This benefit does not cover hearing aids, instruments or devices.

Benefits for speech and hearing disorders covered under this subpart of PART 12 will be paid as follows:

- a. For speech or hearing treatment or care not covered under PARTS 1-10 of this policy because such treatment or service is not being provided in relation to a covered SICKNESS, WE will consider that COVERED PERSON'S speech or hearing treatment as though it was for a covered SICKNESS under PART 9. The combined amount of payments made for any one COVERED PERSON for Physician Office Visit Benefits payable under PART 9 and speech and hearing disorders benefits payable under this subpart of PART 12 shall not exceed the Physician Office Visit Yearly Maximum shown on the Benefit Schedule for all benefits paid during any one policy year.
- b. For speech or hearing treatment not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$50 for each visit with a professional described in this subpart for any one COVERED PERSON, and when combined with the Physician Office Visit Benefits payable under PART 9, not to exceed the Physician Office Visit Yearly Maximum shown on the Benefit Schedule for benefits paid during any one policy year.

## **7. MEDICAL FOODS AND LOW PROTEIN MODIFIED FOOD PRODUCTS BENEFIT**

WE will provide a benefit for the expense incurred for MEDICAL FOODS, LOW PROTEIN MODIFIED FOOD PRODUCTS, amino acid modified preparations and any other special dietary products and formulas for the treatment of INHERITED METABOLIC DISEASES if the MEDICAL FOODS or LOW PROTEIN MODIFIED FOOD PRODUCTS, amino acid modified preparations and other special dietary products and formulas are prescribed as MEDICALLY NECESSARY for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias and disorders of amino acid metabolism, and administered under the direction of a PHYSICIAN.

For benefits for MEDICAL FOODS and LOW PROTEIN MODIFIED FOOD PRODUCTS covered under this subpart of PART 12 that are not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$2,400 for each COVERED PERSON during any one policy year as provided under the Income Tax Act of 1929.

## **8. COLORECTAL CANCER SCREENING BENEFIT**

WE will provide a benefit for the expense incurred for colorectal cancer examinations and laboratory tests for a COVERED PERSON who is 50 years of age or older, at high risk for colorectal cancer according to American Cancer Society colorectal cancer screening guidelines as they existed on January 1, 2005, or experiencing the symptoms of colorectal cancer as determined by a PHYSICIAN licensed under the Arkansas Medical Practices Act, §17-95-201 et seq., §17-95-301 et seq., and §17-95-401 et seq., including bleeding from the rectum or blood in the stool, or a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts more than five (5) days. The colorectal screening shall involve an examination of the entire colon, and WE will provide a benefit for colorectal cancer screening for any one of the following options:

- 1) An annual fecal occult blood test utilizing the take-home multiple sample method, or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five (5) years;
- 2) A double-contrast barium enema every five (5) years; or
- 3) A colonoscopy every ten (10) years, and follow-ups based on the following schedule:
  - i. If the initial colonoscopy is normal, a follow-up is covered once every ten (10) years;
  - ii. For individuals with one (1) or more neoplastic polyps, adenomatous polyps, and the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps was performed, a follow-up will be covered after three (3) years;
  - iii. If single tubular adenoma of less than one centimeter (1 cm) is found, a follow-up will be covered after five (5) years; and

- iv. For patients with large sessile adenomas greater than three centimeters (3 cm), a follow-up will be covered after six (6) months, or continuously until complete polyp removal is verified by colonoscopy.
- 4) Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health determined in consultation with appropriate health care organizations.

Benefits for colorectal cancer screening covered under this subpart of PART 12 will be paid as follows:

- a. For colorectal cancer screening not covered under PARTS 1-10 of this policy because such treatment or service is not being provided in relation to a covered SICKNESS, WE will consider that COVERED PERSON'S colorectal cancer testing as though it was for a covered SICKNESS under PART 9 and PART 10 of this policy.
- b. For colorectal cancer screening not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$50 for each screening provided a COVERED PERSON.

## **9. MENTAL ILLNESS BENEFIT**

WE will provide a benefit for expenses incurred for a COVERED PERSON for the treatment of MENTAL ILLNESS on an inpatient or outpatient basis. Benefits will be provided to the same extent as any other physical illness covered under this policy.

## **10. TEMPOROMANDIBULAR JOINT DISORDER AND CRANIOMANDIBULAR JAW DISORDER BENEFIT**

WE will provide coverage for the treatment and care provided to or for a COVERED PERSON for the diagnostic procedure and surgical treatment of temporomandibular and craniomandibular disorder if, under accepted medical standards, such diagnostic procedure or surgery is MEDICALLY NECESSARY to treat conditions caused by a congenital or developmental deformity, disease, disorder, or INJURY. A temporomandibular and craniomandibular disorder shall be considered to be a SICKNESS under this policy, and benefits will be paid under PARTS 1-10 as applicable. However, this policy does not include coverage for orthodontic appliances and treatment, crowns, bridges and dentures unless the disorder is trauma related.

## **PART 13**

## **LIMITATIONS AND EXCLUSIONS**

Except to the extent specifically and directly provided elsewhere in this policy to the contrary, WE will not pay benefits under this policy for:

1. Normal pregnancy (including childbirth, false labor, occasional spotting, PHYSICIAN-prescribed rest, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with a difficult pregnancy which do not constitute a distinct complication of pregnancy) or voluntary termination of pregnancy; or
2. Any charges for (1) usual and customary routine nursery care; or (2) well-baby care, immunizations, medical examinations or tests of any kind; or (3) any other usual and customary routine care and treatment following full term or premature birth, not incident and necessary to the treatment of INJURY or SICKNESS; or
3. Convalescent or skilled nursing care in a facility other than a HOSPITAL; educational care; or for nervous or mental disorders; or
4. Any dental treatment (except as necessitated by INJURY), hearing aids, or eye refractive exams, surgery or treatment; or
5. Any HOSPITAL STAY, INTENSIVE CARE unit admission, or other care, treatment, services, or supplies for which YOU or a covered FAMILY MEMBER do not incur a charge; or
6. Any HOSPITAL STAY, INTENSIVE CARE unit admission, or other care, treatment, services, or supplies that are not MEDICALLY NECESSARY for diagnosis of or for care, treatment, or services resulting from an INJURY or SICKNESS; or
7. Any cosmetic or elective procedures and any related complications; or
8. Any expense incurred in excess of the usual, customary, and reasonable charges for any care, treatment, service, or supply in the geographic area where furnished; or
9. Professional radiological, pathological or EKG interpretations during a HOSPITAL STAY; or
10. Any rehabilitative care services received at a facility not meeting the definition of a HOSPITAL; or
11. Any care, treatment, services, or supplies received outside of the U.S. boundaries or territories; or
12. Any Infertility care, treatment or services; or sterilization or reversal of sterilization procedures; or
13. Any medical condition, illness, disease, or disorder that first manifests itself before the effective date of the policy; or
14. Any care, treatment, services, or supplies for obesity or morbid obesity, including but not limited to, gastric banding ("lapband"), vertical banded gastroplasty, Roux-en-Y gastric bypass, DISTAL gastric bypass (duodenal switch, biliopancreatic diversion), or stomach stapling procedures, even if the COVERED PERSON has a health condition or conditions that might be benefited thereby; or
15. Any care, treatment, services, or supplies for drug abuse or addiction, including alcoholism or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a PHYSICIAN; or any loss caused directly or indirectly, wholly or partially, or contributed to by or as a result of any COVERED PERSON being under the influence of an intoxicant or a narcotic; or
16. Suicide, or treatment of an attempted suicide, or any intentionally self-inflicted injury, while sane or insane.

## POLICY PROVISIONS

**ELIGIBILITY AND INSURED'S TERMINATION:** YOU, as the INSURED, are the beneficiary of YOUR covered FAMILY MEMBERS. Every transaction relating to this policy shall be between US and YOU.

A new family member, (including husband, wife, or any children under the age of 19 at the time the Policy is issued) will be covered; each new family member must be named in the application. Stepchildren and legally adopted children can be included if listed in the application. Any newborn or newly adopted children of the Primary INSURED will automatically be a COVERED PERSON from the moment of birth or adoption if such birth or adoption occurs after the Effective Date of the policy. This will also cover children YOU have filed a petition to adopt. YOU may apply for coverage on other dependents acquired after the Effective Date of the policy, subject to OUR approval.

Coverage on YOUR children terminates when they marry. It also terminates on the policy anniversary date following their 25th birthday, unless they are still dependent on YOU due to a physical or mental handicap. YOU must furnish US proof of the handicap within 31 days of the termination date. WE may require at reasonable intervals during the two years following the child's 25th birthday subsequent proof of the child's disability and dependency. After the two-year period, WE may require such proof not more than once each year.

In the event of YOUR death or other termination of YOUR coverage, the following shall successively become the INSURED: (1) YOUR spouse (if YOUR spouse is a covered FAMILY MEMBER), or (2) YOUR eldest remaining covered FAMILY MEMBER.

**RIGHTS OF A SPOUSE:** Should YOU and YOUR spouse dissolve YOUR marriage by a valid decree of dissolution of marriage and the spouse was a covered FAMILY MEMBER, the spouse can apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, the spouse must make application to the COMPANY within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting or probationary period is required, except to the extent that such period has not been met under the prior policy.

**PREMIUM PAYMENT:** This policy is issued based on the application and the payment of the first premium. A copy of the application is a part of this policy. This policy takes effect at 12 o'clock noon, Standard Time of the place where YOU reside, and remains in effect until the same hour on the date that the initial term expires.

The effective date of this policy, the first premium, and the date the initial term expires are stated in the POLICY SCHEDULE. All premiums, except the first premium, shall be due and payable at OUR Administrative Offices.

**ENTIRE CONTRACT; CHANGES:** This policy, with the application and attached papers, is the entire contract between YOU and US. No change in this policy shall be effective until approved by an officer of US. This approval must be noted on or attached to this policy.

No agent may change this policy or waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After 2 years from the effective date, only fraudulent misstatements in the application may be used to void this policy or deny any claim for loss incurred after the 2-year period.

After 2 years from the date of an endorsement adding a FAMILY MEMBER, other than a newborn or newly adopted child, only fraudulent misstatements in the application may be used to void the endorsement or deny any claim for loss incurred after the 2 year period.

**GRACE PERIOD:** This policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, this policy will stay in force.

**REINSTATEMENT:** If the renewal premium is not paid before the grace period ends, this policy will lapse. Later acceptance of the premium by US without requiring an application for reinstatement will reinstate this policy.

If WE require an application, this policy will be reinstated when WE approve the application, or on the 45th day after WE receive it, unless WE have previously written to YOU of its disapproval.

The reinstated policy will cover only loss that results from an INJURY sustained after the date of reinstatement or a SICKNESS that manifests itself more than 10 days after such date. In all other respects, YOUR rights and OUR rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

**NOTICE OF CLAIM:** Written notice of claim must be given to US within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to US at OUR Administrative Offices in McKinney, Texas or to OUR agent.

Notice should include YOUR name and YOUR policy number.

**CLAIM FORMS:** When WE receive the Notice of Claim, WE will send YOU forms for filing proof of loss. If these forms are not given to YOU within 15 days, YOU may meet the proof of loss requirements by giving US a written statement of the nature and extent of the loss within the time limit stated in the PROOFS OF LOSS Provision set forth below.

**PROOFS OF LOSS:** YOU must give US written proof of loss to OUR satisfaction within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, WE will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless YOU were legally incapacitated.

**TIME OF PAYMENT OF CLAIMS:** After receiving proper written proof of loss satisfactory to US, WE will pay to YOU, or at OUR option to the HOSPITAL, DOCTOR, or person rendering services covered by this policy, all benefits then due for such loss.

**PAYMENT OF CLAIMS:** Benefits will be paid, after receiving a claim form and proper written proof of loss satisfactory to US, to YOU, or at OUR option to the HOSPITAL, DOCTOR, or person providing care, treatment, services, or supplies covered by this policy. Any benefit unpaid at death may be paid to YOUR named beneficiary or, at OUR option, to YOUR estate. If benefits are payable to YOUR estate, WE can pay benefits up to \$3,000 to someone related to YOU by blood or marriage whom WE consider to be entitled to the benefits. WE will be discharged to the extent of any such payment made in good faith.

**PHYSICAL EXAMINATIONS:** WE, at OUR expense, have the right to have YOU or a covered FAMILY MEMBER examined as often as reasonably necessary while a claim is pending.

**NONDUPLICATION OF COVERAGE:** The benefits payable under this policy shall be excess over benefits paid or payable or required to be provided:

1. under any workers' compensation, occupational disease, employers' liability or similar law;
2. under any motor vehicle no-fault plan or coverage or similar law; and
3. under any national, state, or other governmental plan not limited to governmental employees or their families, such as Medicare or Medicaid.

**REFUND OF UNEARNED PREMIUMS ON DEATH:** Upon the death of a FAMILY MEMBER insured under this policy, WE will refund any premiums paid in behalf of the member, for any period beyond the ending of the policy month the death occurred, within 30 days after WE receive proof of death.

**SUBROGATION; REIMBURSEMENT:** YOU agree that, to the extent of the benefits paid under this policy, WE shall be subrogated to all YOUR rights to damages or recovery for any INJURY or SICKNESS, or any care, treatment, services, or supplies provided, for which a third party or parties, or their insurance carrier(s), are or may be liable or responsible. YOU agree to repay US first out of any monies YOU receive or recover by settlement, judgment or otherwise, regardless of whether YOU are fully compensated for YOUR losses and damages. In the event that WE retain OUR own attorney to represent OUR subrogation interest, WE will not be responsible for paying a portion of YOUR attorney fees or costs.

YOU assign to US YOUR claims and rights against all liable or responsible third party or parties and their insurance carrier(s) to the extent of OUR payments, and shall do nothing after the loss to prejudice OUR subrogation rights. Entering into a settlement or compromise arrangement with a third party or parties, or their insurance carrier(s), without OUR prior written consent, shall be deemed to prejudice OUR subrogation rights. YOU shall promptly advise US in writing whenever a claim or demand against a third party or parties, or their insurance carrier(s), is made, and shall further provide to US such additional information and execute and deliver such instruments or papers as are reasonably requested by US to secure OUR subrogation rights. YOU agree to fully cooperate in protecting OUR subrogation rights against the liable or responsible third party or parties, and their insurance carrier(s).

**LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of the claim is required to be given.

**CONFORMITY WITH STATE STATUTES:** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which YOU reside on that date, is amended to conform to the minimum requirements of such laws.

**ASSIGNMENT:** No assignment under this policy shall be binding upon US unless the original written assignment (or a copy thereof) is on file at OUR Administrative Offices. At OUR option, WE may waive this requirement. WE do not assume any responsibility for the validity of any assignment.

This policy is signed for US by OUR President and Secretary.

A handwritten signature in cursive script, appearing to read "Sally M. [unclear]", is written over a large, diagonal, stamped word "SPECIMEN".

Secretary

A handwritten signature in cursive script, appearing to read "A. [unclear]", is written over a large, diagonal, stamped word "SPECIMEN".

President

Countersigned:

\_\_\_\_\_  
Licensed Resident Agent where required by law.

**APPLICATION FOR INSURANCE \* LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**A LEGAL RESERVE STOCK CO. \* ADMINISTRATIVE OFFICE: MCKINNEY, TX**

ARKANSAS/LOUISIANA

Requested Effective Date (mm-dd-yyyy)

-  -

Payment Mode ☐ Monthly ☐ Semi-Annual  
☐ Quarterly ☐ Annual

Payment Type ☐ Bank Draft ☐ Direct Bill

Draft Day (01 to 28 only)

**[BASE POLICY]**

☐ Proposed Insured ☐ Spouse ☐ Child 1 ☐ Child 2 ☐ Child 3 ☐ Child 4 ☐ Child 5 ☐ Child 6 ☐ Child 7 ☐ Child 8

**IF YOU FAIL TO CHOOSE A DEDUCTIBLE OR MAXIMUM BENEFIT AMOUNT, IT WILL AUTOMATICALLY DEFAULT TO LOWEST AMOUNT.**

☐ **LIBERTY** ☐ **INDEPENDENCE** ☐ **FREEDOM**

**DAILY HOSPITAL ROOM AND BOARD BENEFIT**

<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/> \$100 <input type="radio"/> \$200	<input type="radio"/> \$300 <input type="radio"/> \$400	<input type="radio"/> \$100 <input type="radio"/> \$200	<input type="radio"/> \$300 <input type="radio"/> \$400	<input type="radio"/> \$400 <input type="radio"/> \$500	<input type="radio"/> \$600 <input type="radio"/> \$700	<input type="radio"/> \$600 <input type="radio"/> \$700 <input type="radio"/> \$800	<input type="radio"/> \$900 <input type="radio"/> \$1,000
---------------------------	---------------------------	--	--	--	--	--	--	---	--

**MISCELLANEOUS HOSPITAL EXPENSE BENEFIT**

<input type="radio"/> N/A	<input type="radio"/> N/A	Deductible \$250	Maximum \$2,500	Choose Deductible <input type="radio"/> \$ 500 <input type="radio"/> \$1,000 <input type="radio"/> \$2,500	Choose Maximum <input type="radio"/> \$ 7,500 <input type="radio"/> \$15,000	Choose Deductible <input type="radio"/> \$ 500 <input type="radio"/> \$1,000 <input type="radio"/> \$2,500	Choose Maximum <input type="radio"/> \$15,000 <input type="radio"/> \$25,000	Choose Deductible <input type="radio"/> \$ 500 <input type="radio"/> \$1,000 <input type="radio"/> \$2,500 <input type="radio"/> \$5,000	Choose Maximum <input type="radio"/> \$25,000 <input type="radio"/> \$35,000 <input type="radio"/> \$50,000 (Only with \$50,000 Max)
---------------------------	---------------------------	---------------------	--------------------	---	--	---	--	--	--

**SURGICAL PROCEDURE BENEFIT MAXIMUM**

<input type="radio"/> \$700 <input type="radio"/> \$1,400	<input type="radio"/> \$2,100 <input type="radio"/> \$3,000	<input type="radio"/> \$1,500	<input type="radio"/> \$3,000 <input type="radio"/> \$5,000	<input type="radio"/> \$5,000 <input type="radio"/> \$7,500	<input type="radio"/> \$7,500 <input type="radio"/> \$10,000
--	--	-------------------------------	--	--	---

**OUTPATIENT EXPENSE BENEFIT**

<input type="radio"/> \$50	<input type="radio"/> \$250	<input type="radio"/> \$50	<input type="radio"/> \$250 <input type="radio"/> \$500	<input type="radio"/> \$500 <input type="radio"/> \$750	<input type="radio"/> \$1,000 <input type="radio"/> \$1,250	<input type="radio"/> \$1,000 <input type="radio"/> \$1,500
----------------------------	-----------------------------	----------------------------	--	--	--	--

**DOCTOR OFFICE VISIT BENEFIT (Per Visit)**

<input type="radio"/> N/A	<input type="radio"/> \$25 (\$250 Annual Max)	<input type="radio"/> \$25 (\$250 Annual Max)	<input type="radio"/> \$25 (\$250 Annual Max) <input type="radio"/> \$50 (\$500 Annual Max)	<input type="radio"/> \$50 (\$500 Annual Max) <input type="radio"/> \$75 (\$750 Annual Max) <input type="radio"/> \$35 Copay (\$500 Annual Max)	<input type="radio"/> \$75 (\$750 Annual Max) <input type="radio"/> \$35 Copay (\$500 Annual Max) <input type="radio"/> \$35 Copay (\$1,000 Annual Max)
---------------------------	--	--	--	--	--

Premium \$

☐ Additional Premium Required

**OPTIONAL RIDERS**

**CANCER BENEFIT**

☐ Proposed Insured ☐ Spouse ☐ Child 1 ☐ Child 2 ☐ Child 3 ☐ Child 4 ☐ Child 5 ☐ Child 6 ☐ Child 7 ☐ Child 8

<input type="radio"/> \$10,000 <input type="radio"/> \$20,000	<input type="radio"/> \$30,000 <input type="radio"/> \$50,000	Premium \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	--	--

**CRITICAL ILLNESS BENEFIT**

☐ Proposed Insured ☐ Spouse

<input type="radio"/> \$10,000 <input type="radio"/> \$20,000	<input type="radio"/> \$30,000 <input type="radio"/> \$50,000	Premium \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	--	--

**ACCIDENT BENEFIT**

☐ Proposed Insured ☐ Spouse ☐ Child 1 ☐ Child 2 ☐ Child 3 ☐ Child 4 ☐ Child 5 ☐ Child 6 ☐ Child 7 ☐ Child 8

<input type="radio"/> \$10,000 <input type="radio"/> \$20,000	<input type="radio"/> \$30,000	Premium \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	--------------------------------	--

**INCREASING BENEFIT**

☐ Proposed Insured ☐ Spouse ☐ Child 1 ☐ Child 2 ☐ Child 3 ☐ Child 4 ☐ Child 5 ☐ Child 6 ☐ Child 7 ☐ Child 8

WITH LIBERTY BASE POLICY WITH FREEDOM BASE POLICY	<input type="radio"/> R-LIB25 <input type="radio"/> R-LIB50	<input type="radio"/> R-LIB25 <input type="radio"/> R-LIB50	Premium \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	--	--	--

57391

Pg 1

LUNIV(03)

Initials of Proposed Insured

(Application Continued)



LIFE		LIFE FACE AMOUNT		LIFE PREMIUM	
<input type="radio"/> <b>Proposed Insured</b> <input type="radio"/> Term Life (18-63) <input type="radio"/> Whole Life (18-63) <input type="radio"/> 20 Year Life (18-63)		\$	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="radio"/> <b>Spouse</b> <input type="radio"/> Term Life (18-63) <input type="radio"/> Whole Life (18-63) <input type="radio"/> 20 Year Life (18-63)		\$	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Child Term Rider</b> <input type="radio"/> \$5,000 <input type="radio"/> \$10,000					
<b>Total Collected with Application</b>		\$	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Total Premium</b>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

First Name																M.I.		Height (ft. in.)								
Last Name																<input type="radio"/> Male		Weight (lbs.)								
Address																										
City											State		Zip Code					Age								
Birth State			Date of Birth (mm-dd-yyyy)			-			-			SS #			-			-								
E-mail Address																										
Proposed Insured's Occupation _____																									I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No	
Proposed Insured's Beneficiary _____																									Beneficiary Relationship _____	

Beneficiary for Spouse (and children) will be Proposed Insured unless notice is given to the Liberty National Life Insurance Company Home Office.

Beneficiary for Spouse (and children) will be Proposed Insured unless notice is given to the Liberty National Life Insurance Company Home Office.

<b>Spouse</b>		First Name																				M.I.		<input type="radio"/> Male <input type="radio"/> Female		Height (ft. in.)							
		Last Name																								Weight (lbs.)							
		SS #				-						-						I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No															
		Birth State		Age				Date of Birth (mm-dd-yyyy)				-		-																			
		Occupation																															

  

<b>Child 1</b>		First Name																				M.I.		<input type="radio"/> Male <input type="radio"/> Female		Height (ft. in.)			
		Last Name																								Weight (lbs.)			
		Age				Date of Birth (mm-dd-yyyy)				-		-						I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No											



<b>Child 2</b>		M.I. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Male <input type="radio"/> Female		Height (ft. in.) <input type="text"/> <input type="text"/>	
First Name <input type="text"/>							
Last Name <input type="text"/>						Weight (lbs.) <input type="text"/>	
Age <input type="text"/>		Date of Birth (mm-dd-yyyy) <input type="text"/> - <input type="text"/> - <input type="text"/>		I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No			

  

<b>Child 3</b>		M.I. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Male <input type="radio"/> Female		Height (ft. in.) <input type="text"/> <input type="text"/>	
First Name <input type="text"/>							
Last Name <input type="text"/>						Weight (lbs.) <input type="text"/>	
Age <input type="text"/>		Date of Birth (mm-dd-yyyy) <input type="text"/> - <input type="text"/> - <input type="text"/>		I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No			

- | <ol style="list-style-type: none"> <li>1. During the past 90 days, except for minor illness of less than one (1) week or pregnancy, has any illness, injury or health related problem prevented the Proposed Insured or any Family Member from working full time at his/her regular occupation or performing the normal activities of a person of the same age?</li> <li>2. Has the Proposed Insured or any Family Member <b>EVER</b> been treated for, diagnosed, or tested positive as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or ever tested positive for antibodies for the AIDS (HIV) virus?</li> <li>3. Has the Proposed Insured or any Family Member <b>EVER</b> had:           <ol style="list-style-type: none"> <li>a. Any disease or disorder of the heart or circulatory system including but not limited to heart attack or stroke; high blood pressure?</li> <li>b. Any disease or disorder of the eye, ear, nose, throat, lung, breast or reproductive organs?</li> <li>c. Any disease or disorder of the rectum, kidney, prostate, stomach, intestine, gall bladder, urinary bladder, liver or connective tissue; Lupus, collagen disease; pancreas, pituitary or adrenal gland?</li> <li>d. Any disease or disorder of the brain (including but not limited to retardation, dementia or Alzheimer's), mental or nervous system (including but not limited to seizures or convulsions), back or spine; paralysis or arthritis?</li> <li>e. Any cancer, tumor, cyst, hernia, goiter, diabetes, blood disorders including but not limited to anemia or spleen disorder?</li> <li>f. Any internal or skin cancer, melanoma, malignant growth, leukemia, Hodgkins disease or premalignant lesions?</li> </ol> </li> <li>4. During the past three (3) years, has the Proposed Insured or any Family Member:           <ol style="list-style-type: none"> <li>a. Had his/her driver's license suspended or revoked because of a moving violation or been arrested for driving under the influence of alcohol or drugs?</li> <li>b. Received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption?</li> <li>c. Used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?</li> </ol> </li> <li>5. Does the Proposed Insured or any Family Member participate in any hazardous sports or avocations?<br/>No benefits will be provided for loss due to such participation.</li> <li>6. During the past five (5) years, has the Proposed Insured or any Family Member:           <ol style="list-style-type: none"> <li>a. Had any medical or surgical advice, treatment or operations or been advised to have medical or diagnostic test(s), procedure(s) or surgery that has not yet been performed, or is awaiting medical test results?</li> <li>b. Been confined in a hospital?</li> </ol> </li> <li>7. During the past two (2) years, has the Proposed Insured or any Family Member:           <ol style="list-style-type: none"> <li>a. Had a cesarean section, miscarriage or serious complications of a previous pregnancy?</li> <li>b. Been hospitalized 3 or more times?</li> <li>c. Received any disability benefits?</li> </ol> </li> </ol> | <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">PROPOSED INSURED</th> <th style="text-align: left;">SPOUSE</th> <th style="text-align: left;">CHILD 1</th> <th style="text-align: left;">CHILD 2</th> <th style="text-align: left;">CHILD 3</th> </tr> <tr> <th style="text-align: left;">YES/NO</th> <th style="text-align: left;">YES/NO</th> <th style="text-align: left;">YES/NO</th> <th style="text-align: left;">YES/NO</th> <th style="text-align: left;">YES/NO</th> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input
type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input
type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input
type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> <td><input type="radio"/> <input type="radio"/></td> </tr> <tr></tr></table> | PROPOSED INSURED                            | SPOUSE                                      | CHILD 1                                     | CHILD 2 | CHILD 3 | YES/NO | YES/NO | YES/NO | YES/NO | YES/NO | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/>
<input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input
type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
<input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
|--
--
--
--
--|---|---|---|---------|---------|--------|--------|--------|--------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---																																																																																																																																																																																								
PROPOSED INSURED	SPOUSE																																																																																																																																																																																																																							
   
   
  | CHILD 1                                     | CHILD 2                                     | CHILD 3                                     |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| YES/NO   | YES/NO  
   
   
  | YES/NO                                      | YES/NO                                      | YES/NO                                      |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> <input type="radio"/>  | <input type="radio"/> <input type="radio"/>   
   
   
  | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   
   
   
  |   |   |   |         |         |        |        |        |        |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                         
                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |



**APPLICATION FOR INSURANCE \* LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**A LEGAL RESERVE STOCK CO. \* ADMINISTRATIVE OFFICE: MCKINNEY, TX**

**ARKANSAS/LOUISIANA**

8. Does the Proposed Insured or any Family Member have any existing (or pending application for) health insurance?  
 If "YES" list coverage type \_\_\_\_\_
9. Does the Proposed Insured or any Family Member intend to replace or change any existing health insurance? If "YES" a replacement notice must be completed and signed.
10. Have you received an outline of coverage?

PROPOSED INSURED YES/NO	SPOUSE YES/NO	CHILD 1 YES/NO	CHILD 2 YES/NO	CHILD 3 YES/NO
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>			

**If Optional Life coverage is chosen, please answer questions 11 thru 13:**

11. Has the Proposed Insured or Spouse used tobacco in any form within the past 12 months?
12. Does the Proposed Insured or Spouse have any existing life insurance policies or annuity contracts?
13. Will the life insurance being applied for replace or change any existing life insurance policies or annuity contracts? If "YES" a replacement notice must be completed and signed.

<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

**If the Proposed Insured or any Family Member answered "Yes" to any of questions 1 -7, provide details below for each "Yes" answer.**

\* In column below list "P" for Proposed Insured, "S" for Spouse, "C1" for Child 1, "C2" for Child 2 and "C3" for Child 3.

*	Dates	Illness/Injury	Operation?	Name/Address/Telephone of Doctors & Hospitals	Complete Recovery?

**AGREEMENT:** I hereby apply to Liberty National Life Insurance Company ("Company") for a policy to be issued in reliance on my written answers to all questions. The applicant(s) represent(s) to the Company that the agent asked each and every question that appears on the application and that all the answers are true, correct and complete. I agree the policy shall not be effective unless it has actually been issued by the Company. I acknowledge that no agent has the authority to make, alter, modify or discharge any policy or any of its provisions for or on behalf of the Company; nor is the Company bound by any statement or representation made to any agent unless the statement or representation is included in this application.

I authorize the MIB, Inc., any insurance company, hospital, physician or other practitioner having any information available as to my diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment, to disclose such information to Liberty National Life Insurance Company for the purpose of determining my eligibility for insurance and eligibility for benefits under this policy. I understand that any information obtained will not be released to any person or organization except to the MIB Inc., reinsuring companies or other persons or organization performing business or legal services in connection with this application, with a claim or as may be otherwise lawfully required. I agree that a copy of this authorization is to be acceptable. This authorization will remain in effect for a period of 24 months from the date signed. I understand that I may request a copy of this authorization. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734]. Information for consumers about MIB may be obtained on its website at www.mib.com.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**To the best of your knowledge as soliciting agent, is the insurance applied for intended to replace any existing life, annuity or health insurance policies or contracts?** ☐ Yes ☐ No

**If "YES" a replacement notice must be completed and signed.**

Date Application Signed (mm-dd-yyyy)  -  -

State

Signed \_\_\_\_\_

**Agent's Signature**

Last Name  Agent No.

Print First 5 Letters of Agent's Last Name \_\_\_\_\_

**Applicant (Proposed Insured)**

Signed \_\_\_\_\_

**Applicant (If other than the Proposed Insured)**

**SEND POLICY TO:** ☐ Agent ☐ Insured (The Policy will be sent to Insured unless otherwise instructed.)



**Proposed Insured**

SS #    -   -

First Name                      M.I.

Last Name

**Child 4**  
First Name

Last Name

Age   Date of Birth (mm-dd-yyyy)   -   -

M.I.  ☐ Male ☐ Female Height (ft. in.)

Weight (lbs.)

I, the agent, have personally seen this person. ☐ Yes ☐ No

**Child 5**  
First Name

Last Name

Age   Date of Birth (mm-dd-yyyy)   -   -

M.I.  ☐ Male ☐ Female Height (ft. in.)

Weight (lbs.)

I, the agent, have personally seen this person. ☐ Yes ☐ No

**Child 6**  
First Name

Last Name

Age   Date of Birth (mm-dd-yyyy)   -   -

M.I.  ☐ Male ☐ Female Height (ft. in.)

Weight (lbs.)

I, the agent, have personally seen this person. ☐ Yes ☐ No

**Child 7**  
First Name

Last Name

Age   Date of Birth (mm-dd-yyyy)   -   -

M.I.  ☐ Male ☐ Female Height (ft. in.)

Weight (lbs.)

I, the agent, have personally seen this person. ☐ Yes ☐ No

**Child 8**  
First Name

Last Name

Age   Date of Birth (mm-dd-yyyy)   -   -

M.I.  ☐ Male ☐ Female Height (ft. in.)

Weight (lbs.)

I, the agent, have personally seen this person. ☐ Yes ☐ No

**APPLICATION FOR INSURANCE \* LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**A LEGAL RESERVE STOCK CO. \* ADMINISTRATIVE OFFICE: MCKINNEY, TX**

1. During the past 90 days, except for minor illness of less than one (1) week or pregnancy, has any illness, injury or health related problem prevented any Proposed Insured or any Family Member from working full time at his/her regular occupation or performing the normal activities of a person of the same age? CHILD 4 YES/NO CHILD 5 YES/NO CHILD 6 YES/NO CHILD 7 YES/NO CHILD 8 YES/NO
2. Has the Proposed Insured or any Family Member **EVER** been treated for, diagnosed, or tested positive as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or ever tested positive for antibodies for the AIDS (HIV) virus?
3. Has the Proposed Insured or any Family Member **EVER** had:
- Any disease or disorder of the heart or circulatory system including but not limited to heart attack or stroke; high blood pressure?
  - Any disease or disorder of the eye, ear, nose, throat, lung, breast or reproductive organs?
  - Any disease or disorder of the rectum, kidney, prostate, stomach, intestine, gall bladder, urinary bladder, liver or connective tissue; Lupus, collagen disease; pancreas, pituitary or adrenal gland?
  - Any disease or disorder of the brain (including but not limited to retardation, dementia or Alzheimer's), mental or nervous system (including but not limited to seizures or convulsions), back or spine; paralysis or arthritis?
  - Any cancer, tumor, cyst, hernia, goiter, diabetes, blood disorders including but not limited to anemia or spleen disorder?
  - Any internal or skin cancer, melanoma, malignant growth, leukemia, Hodgkins disease or premalignant lesions?
4. During the past three (3) years, has the Proposed Insured or any Family Member:
- Had his/her driver's license suspended or revoked because of a moving violation or been arrested for driving under the influence of alcohol or drugs?
  - Received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption?
  - Used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?
5. Does the Proposed Insured or any Family Member participate in any hazardous sports or avocations?  
 No benefits will be provided for loss due to such participation.
6. During the past five (5) years, has the Proposed Insured or any Family Member:
- Had any medical or surgical advice, treatment or operations or been advised to have medical or diagnostic test(s), procedure(s) or surgery that has not yet been performed, or is awaiting medical test results?
  - Been confined in a hospital?
7. During the past two (2) years, has the Proposed Insured or any Family Member:
- Had a cesarean section, miscarriage or serious complications of a previous pregnancy?
  - Been hospitalized 3 or more times?
  - Received any disability benefits?
8. Does the Proposed Insured or any Family Member have any existing (or pending application for) health insurance?  
 If "YES" list coverage type \_\_\_\_\_
9. Does the Proposed Insured or any Family Member intend to replace or change any existing health insurance? If "YES" a replacement notice must be completed and signed.

**If the Proposed Insured or any Family Member answered "Yes" to any of questions 1 - 7, provide details below for each "Yes"**

\* In column below list "C4" for Child 4, "C5" for Child 5, "C6" for Child 6, "C7" for Child 7 and "C8" for Child 8.

*	Dates	Illness/Injury	Operation?	Name/Address/Telephone of Doctors & Hospitals	Complete Recovery?



# LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085  
A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

## CANCER RIDER

This rider amends and is made a part of the policy or certificate referenced in the Rider Schedule. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.

### 30-DAY RIGHT TO EXAMINE RIDER

If this rider is issued subsequent to the Effective Date of the policy or certificate described in the Rider Schedule, and if YOU are not satisfied with this rider for any reason, YOU may return it to OUR Administrative Office or to the agent within 30 days after YOU receive it. Any premium YOU paid for this rider will be refunded to YOU. In the event YOU return this rider to US, this rider will be void from its inception and it will be as if no rider ever existed between YOU and US.

**IMPORTANT NOTICE:** IF YOU COMPLETED A NEW APPLICATION TO OBTAIN THIS RIDER, A COPY IS ATTACHED TO THIS RIDER. PLEASE READ THIS APPLICATION CAREFULLY AND WRITE TO US AT THE ADDRESS SHOWN ABOVE WITHIN 10 DAYS IF ANY ANSWER OR INFORMATION SHOWN ON IT IS NOT CORRECT AND COMPLETE OR IF ANY PAST MEDICAL HISTORY HAS BEEN OMITTED FROM THE APPLICATION. THIS APPLICATION IS A PART OF THE RIDER AND THE RIDER WAS ISSUED ON THE BASIS THAT ALL INFORMATION AND ANSWERS TO ALL QUESTIONS SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

**Time Limit on Certain Defenses:** After 2 years from the Effective Date of this rider, only fraudulent misstatements in the application upon which this rider was issued may be used to void this rider or deny any claim for loss incurred after the 2-year period.

### INSURING CLAUSE

WE will pay YOU the Benefit Amount shown in the Rider Schedule, except as otherwise set forth herein, when WE receive timely written proof of loss satisfactory to US of a COVERED PERSON'S FIRST DIAGNOSIS of a CANCER (excluding skin cancer other than malignant melanoma) as defined below that is first manifested after the RIDER WAITING PERIOD and while this policy or certificate referenced in the Rider Schedule and this rider are in force with respect to that COVERED PERSON. YOU will not be entitled to the Benefit Amount stated in the Rider Schedule for any COVERED PERSON who has a FIRST DIAGNOSIS of a CANCER that is first manifested after the Effective Date set forth in this rider but before expiration of the RIDER WAITING PERIOD; rather, in such instance, the sole Cancer Benefit payable by US to YOU shall be equal to the premium that was paid for that COVERED PERSON'S coverage under this rider. **CANCER is "manifested" either when it is diagnosed or initially suspected by a PHYSICIAN and subsequently diagnosed as being a CANCER; or whenever the COVERED PERSON begins experiencing any symptom or sign of a disorder which is subsequently diagnosed as being a CANCER.**

**Any person who had any cancer (excluding skin cancer other than malignant melanoma) manifested at any time before the Effective Date of this rider is not eligible for and has no coverage under this rider even if listed as a COVERED PERSON. In such a case, YOU agree that such person's name shall be deemed removed as a COVERED PERSON under this rider and OUR only obligation to YOU with respect to that person shall be to refund to YOU the premium paid for that person under this rider.**

YOU are entitled to only one Cancer Benefit for each COVERED PERSON. A COVERED PERSON'S coverage under this rider terminates upon payment of this benefit to YOU, and if WE mistakenly charge YOU a premium for that terminated COVERED PERSON following such termination, YOU agree to notify US of this mistaken charge so WE can make a refund to YOU.

RIDER SCHEDULE

COVERED PERSON	[POLICY] NUMBER	EFFECTIVE DATE	BENEFIT AMOUNT
[John Doe]	[12345678]	[05/01/2009]	[\$10,000]

Rider Premium: \$\_\_\_\_\_ for every \_\_\_\_\_ months  
(included in the Policy Schedule or Certificate Schedule of the policy or certificate referenced above if no amount is shown here)

THE BENEFIT AMOUNT FOR A COVERED PERSON IS REDUCED BY ONE-HALF UPON THE POLICY OR CERTIFICATE ANNIVERSARY DATE FOLLOWING THE COVERED PERSON'S 65<sup>TH</sup> BIRTHDAY.

TABLE OF CONTENTS			
	Page		Page
Insuring Clause .....	1	Cancer Benefits .....	3
Rider Schedule .....	2	Limitations and Exclusions .....	3
Additional Definitions .....	2	Rider Provisions .....	3

ADDITIONAL DEFINITIONS

**CANCER** – means a disease consisting of the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue by malignant cells, melanoma, leukemia, or Hodgkin's disease. CANCER is further defined for the purposes of this rider to include cancer in situ that is in the natural or normal place; confined to the site of origin without having invaded neighboring tissue. For purposes of this rider, only a cancer which is an internal cancer or a malignant melanoma is covered under this rider and comes within the definition of a CANCER. Premalignant conditions or conditions with malignant potential are not a cancer for purposes of this rider absent a later diagnosis that such conditions were or became a CANCER.

**FIRST DIAGNOSIS** – means the very first time during a person's lifetime that a diagnosis of any CANCER as defined above is made by a PHYSICIAN.

**RIDER WAITING PERIOD** – means that period of time from the Effective Date set forth in the Rider Schedule through 11:59 p.m. of the 30<sup>th</sup> day following the Effective Date. For a COVERED PERSON'S FIRST DIAGNOSIS of a CANCER that is first manifested (as defined in the Insuring Clause) after the Effective Date shown in the Rider Schedule but before the expiration of the RIDER WAITING PERIOD, a reduced benefit equal to the premium payments made for that COVERED PERSON is the sole benefit payable for such COVERED PERSON.

## CANCER BENEFIT

WE will pay YOU the Benefit Amount shown in the Rider Schedule, except as otherwise set forth herein, when WE receive timely written proof of loss satisfactory to US of a COVERED PERSON'S FIRST DIAGNOSIS of a CANCER (excluding skin cancer other than malignant melanoma) that is first manifested after the RIDER WAITING PERIOD and while the policy or certificate referenced in the Rider Schedule and this rider are in force with respect to that COVERED PERSON. If the diagnosis is made after the policy or certificate anniversary date following a COVERED PERSON'S 65<sup>th</sup> birthday, the Cancer Benefit for such person will be one-half the Benefit Amount stated in the Rider Schedule. For any COVERED PERSON'S FIRST DIAGNOSIS of a CANCER that is first manifested after the Effective Date but before the end of the RIDER WAITING PERIOD, the sole Cancer Benefit payable by US shall be a sum equal to the premium paid for that COVERED PERSON. **YOU are entitled to only one Cancer Benefit for each COVERED PERSON. No benefit is payable with respect to any person listed as a COVERED PERSON who had any CANCER manifested before the Effective Date of this rider, and OUR sole obligation with respect to such COVERED PERSON shall be to void coverage under this rider for that COVERED PERSON and refund to YOU all premiums paid for that COVERED PERSON.**

Before a Cancer Benefit is payable, i) the CANCER must be positively diagnosed by a PHYSICIAN certified by the American Board of Pathology to practice Pathologic Anatomy, or a certified Osteopathic Pathologist; ii) the diagnosis must be based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem); and iii) the Pathology Report of the diagnosis must be delivered to US within one year of the diagnosis. The Pathologist establishing the diagnosis shall base his or her judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. Clinical diagnosis of cancer will be accepted as evidence that cancer exists in a COVERED PERSON when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of cancer and the COVERED PERSON received treatment of cancer.

## LIMITATIONS AND EXCLUSIONS

1. This rider only provides a benefit for a CANCER as defined herein and does not provide benefits for any other disease, sickness, disability, medical condition or incapacity. This rider does not cover skin cancer (such as squamous or basal cell carcinoma) other than a malignant melanoma of the skin.
2. This rider contains a waiting period. For a COVERED PERSON'S FIRST DIAGNOSIS of a CANCER that is first manifested after the Effective Date shown in the Rider Schedule but before the rider has been in force for 30 days following such Effective Date, a reduced benefit equal to the premium payments made for that COVERED PERSON is the sole benefit payable for such COVERED PERSON.
3. This rider will not pay a benefit if the diagnosis of CANCER is made outside the United States of America.
4. There shall be no conversion privilege (as below described) for any COVERED PERSON diagnosed by a PHYSICIAN as having CANCER.

## TERMINATION OF RIDER

This rider will terminate when the first of any of these occurs:

1. The policy or certificate referenced in the Rider Schedule lapses or, expires, is canceled or otherwise terminated.
2. YOU do not pay the premium for the policy or certificate referenced in the Rider Schedule, or for this rider, by the end of the Grace Period.
3. The policy or certificate referenced in the Rider Schedule is rescinded by US.

## CONVERSION PRIVILEGE

**Conversion by Insured:** YOU may, on the expiration of the 90 day period following the Effective Date set forth in the Rider Schedule, and only while the policy or certificate referenced in the Rider Schedule and this rider are in force, convert a COVERED PERSON'S coverage under this rider to an individual cancer policy or certificate providing similar benefits, and evidence of such COVERED PERSON'S insurability will not be required by US at the time of conversion. The form of the cancer policy or certificate may be any then offered by US that covers the same or similar risk. At YOUR option, the Benefit Amount under the individual cancer policy or certificate can be either equal to or less than, but never greater than, the Benefit Amount listed in the Rider Schedule.

**Conversion by Covered Person Other Than Insured:** If the INSURED terminates a COVERED PERSON'S coverage under this rider and has not converted that COVERED PERSON'S coverage to an individual cancer policy or certificate before such termination, then a COVERED PERSON over the age of 17 years shall have the right to convert his or her coverage under this rider to an individual cancer policy or certificate according to the conditions and terms above provided the INSURED. The individual policy or certificate of cancer insurance: 1) Will only be issued if application is made and the first initial premium charge is fully paid to US within 31 days after the date on which the COVERED PERSON'S coverage under this rider ceases; and 2) will take effect at the end of this 31 day period.

Notwithstanding the foregoing, if WE have rescinded the policy or certificate listed in the Rider Schedule, neither the INSURED nor other COVERED PERSON has a right to convert coverage under this rider to an individual cancer policy or certificate.

On the conversion to an individual cancer policy or certificate by the INSURED or other COVERED PERSON, the COVERED PERSON'S coverage under the policy or certificate of health insurance referenced in the Rider Schedule and the COVERED PERSON'S coverage under this rider shall automatically terminate. In no event shall a Cancer Benefit ever be payable under both this rider and a converted individual policy or certificate of cancer coverage.

The premium for such converted policy or certificate will be OUR rate then in effect for:

- a) The plan and amount of the policy or certificate; and
- b) The class of risk to which the individual then belongs; and
- c) The COVERED PERSON'S attained age on the effective date of the new policy or certificate.

**PAYMENT OF PREMIUMS:** The premium amount for this rider is included in the Policy Schedule or Certificate Schedule of the policy or certificate referenced in the Rider Schedule. However, if this rider is issued subsequent to the Effective Date of the policy or certificate identified in the Rider Schedule, and unless the policy or certificate, including this rider, is reissued, the premium amount for this rider will be set forth in the Rider Schedule.

This rider is signed for US by OUR President and Secretary.

A handwritten signature in cursive script, appearing to read "Sara M. [unclear]", is written over a large, diagonal, semi-transparent watermark that reads "SPECIMEN".

Secretary

A handwritten signature in cursive script, appearing to read "J. [unclear]", is written over a large, diagonal, semi-transparent watermark that reads "SPECIMEN".

President

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085  
A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

## CRITICAL ILLNESS RIDER

This rider amends and is made a part of the policy or certificate referenced in the Rider Schedule. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.

### 30-DAY RIGHT TO EXAMINE RIDER

If this rider is issued subsequent to the Effective Date of the policy or certificate described in the Rider Schedule, and if YOU are not satisfied with this rider for any reason, YOU may return it to OUR Administrative Office or to the agent within 30 days after YOU receive it. Any premium YOU paid for this rider will be refunded to YOU. In the event YOU return this rider to US, this rider will be void from its inception and it will be as if no rider ever existed between YOU and US.

**IMPORTANT NOTICE:** IF YOU COMPLETED A NEW APPLICATION TO OBTAIN THIS RIDER, A COPY IS ATTACHED TO THIS RIDER. PLEASE READ THIS APPLICATION CAREFULLY AND WRITE TO US AT THE ADDRESS SHOWN ABOVE WITHIN 10 DAYS IF ANY ANSWER OR INFORMATION SHOWN ON IT IS NOT CORRECT AND COMPLETE OR IF ANY PAST MEDICAL HISTORY HAS BEEN OMITTED FROM THE APPLICATION. THIS APPLICATION IS A PART OF THE RIDER AND THE RIDER WAS ISSUED ON THE BASIS THAT ALL INFORMATION AND ANSWERS TO ALL QUESTIONS SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

**Time Limit on Certain Defenses:** After 2 years from the Effective Date of this rider, only fraudulent misstatements in the application upon which this rider was issued may be used to void this rider or deny any claim for loss incurred after the 2-year period.

### INSURING CLAUSE

WE will pay YOU the Benefit Amount shown in the Rider Schedule, except as otherwise set forth herein, when WE receive timely written proof of loss satisfactory to US of a COVERED PERSON'S FIRST DIAGNOSIS of a CRITICAL ILLNESS as defined below that is first manifested after the RIDER WAITING PERIOD and while the policy or certificate referenced in the Rider Schedule and this rider are in force with respect to that COVERED PERSON. YOU will not be entitled to the Benefit Amount stated in the Rider Schedule for any COVERED PERSON who has a FIRST DIAGNOSIS of a CRITICAL ILLNESS that is first manifested after the Effective Date set forth in this rider but before expiration of the RIDER WAITING PERIOD; rather, in such instance, the sole CRITICAL ILLNESS benefit payable by US to YOU shall be equal to the premium that was paid for that COVERED PERSON'S coverage under this rider. **A CRITICAL ILLNESS is "manifested" either when it is diagnosed or initially suspected by a PHYSICIAN and subsequently diagnosed as being a CRITICAL ILLNESS; or whenever the COVERED PERSON begins experiencing any symptom or sign of a disorder which is subsequently diagnosed as being a CRITICAL ILLNESS.**

**Any person who had any CRITICAL ILLNESS manifested at any time before the Effective Date of this rider is not eligible for and has no coverage under this rider even if listed as a COVERED PERSON. In such a case, YOU agree that such person's name shall be deemed removed as a COVERED PERSON under this rider and OUR only obligation to YOU with respect to that person shall be to refund to YOU the premium paid for that person under this rider.**

**YOU are entitled to only one CRITICAL ILLNESS benefit for each COVERED PERSON. A COVERED PERSON'S coverage under this rider terminates upon payment of this benefit to YOU, and if WE mistakenly charge YOU a premium for that terminated COVERED PERSON following such termination, YOU agree to notify US of this mistaken charge so WE can make a refund to YOU.**

## RIDER SCHEDULE

**COVERED  
PERSON**

[John Doe]

**[POLICY]  
NUMBER**

[12345678]

**EFFECTIVE  
DATE**

[08/01/2005]

**BENEFIT  
AMOUNT**

[\$10,000]

Rider Premium: \$\_\_\_\_\_ for every \_\_\_\_\_ months

(included in the Policy Schedule or Certificate Schedule of the policy or certificate referenced above if no amount is shown here)

**THE BENEFIT AMOUNT FOR A COVERED PERSON IS REDUCED BY ONE-HALF UPON THE POLICY OR CERTIFICATE ANNIVERSARY DATE FOLLOWING THE COVERED PERSON'S 65<sup>TH</sup> BIRTHDAY.**

---

### TABLE OF CONTENTS

	Page		Page
Insuring Clause .....	1	Critical Illness Benefits .....	3
Rider Schedule .....	2	Limitations and Exclusions .....	3
Additional Definitions .....	2	Rider Provisions .....	4

---

### ADDITIONAL DEFINITIONS

**CRITICAL ILLNESS** – means and is limited to the medical conditions, illnesses, sicknesses, diseases or disorders, or injuries listed and defined in paragraphs A through H below:

- A. **Heart Attack** – An acute myocardial infarction (the death of a portion of the heart muscle) resulting from a blockage of one or more coronary arteries. Cardiac arrest not caused by a myocardial infarction is not considered a heart attack for purposes of this rider, nor is any other disease or injury involving the cardiovascular system. The diagnosis must include all the following:
1. Chest pain; and
  2. Electrocardiographic (EKG) findings supporting a diagnosis of a current acute myocardial infarction; and
  3. Elevation of cardiac enzymes above standard laboratory levels; and
  4. Confirmatory imaging studies such as thallium scans; MUGA scans, or stress echocardiograms.
- B. **Stroke** – A cerebrovascular incident caused by hemorrhage, embolism, thrombosis or infarction of brain tissue producing a measurable neurological deficit persisting for at least 30 days following the occurrence of such incident. For a CRITICAL ILLNESS Benefit to be payable, WE must first receive evidence satisfactory to US of permanent neurological damage from confirming neuroimaging studies. Notwithstanding the foregoing, **the following conditions are not covered:**
1. Transient Ischemic Attack (TIA)
  2. Attacks of vertebrobasilar ischemia
  3. Cerebral symptoms due to migraine
  4. Cerebral injury resulting from trauma or hypoxia
  5. Vascular disease affecting the eye or optic nerve
- C. **End Stage Renal Failure** – The chronic, irreversible failure of both kidneys, requiring regular renal dialysis (at least weekly) for a period of at least 6 consecutive weeks.



- D. **Major Organ Transplant** – Surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow from a human donor to a COVERED PERSON as a recipient.
- E. **Paralysis** – Complete, permanent and irreversible loss of the use of 2 or more limbs.
- F. **Severe Burns** – Accidental tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of a COVERED PERSON'S body tissue. Diagnosis of severe burns must be made by a reconstructive surgeon licensed and practicing in the United States.
- G. **Loss of Two Limbs** – Actual severance of 2 or more limbs at or above the wrist or ankle joint.
- H. **Total Loss of Eyesight** – The total, permanent, irrevocable and uncorrectable loss of sight in both eyes. The diagnosis of Total Loss of Eyesight must be made by a board certified ophthalmologist.

**FIRST DIAGNOSIS** – means the very first time during a person's lifetime that a diagnosis of any CRITICAL ILLNESS as defined above is made by a PHYSICIAN.

**RIDER WAITING PERIOD** – means that period of time from the Effective Date set forth in the Rider Schedule through 11:59 p.m. of the 30<sup>th</sup> day following the Effective Date. For a COVERED PERSON'S FIRST DIAGNOSIS of a CRITICAL ILLNESS that is first manifested after the Effective Date shown in the Rider Schedule but before the expiration of the RIDER WAITING PERIOD, a reduced benefit equal to the premium payments made for that COVERED PERSON is the sole benefit payable for such COVERED PERSON.

#### **CRITICAL ILLNESS BENEFIT**

WE will pay YOU the Benefit Amount shown in the Rider Schedule, except as otherwise set forth herein, when WE receive timely written proof of loss satisfactory to US of a COVERED PERSON'S FIRST DIAGNOSIS of a CRITICAL ILLNESS that is first manifested after the RIDER WAITING PERIOD and while the policy or certificate referenced in the Rider Schedule and this rider are in force with respect to that COVERED PERSON. If the diagnosis is made after the policy or certificate anniversary date following a COVERED PERSON'S 65<sup>th</sup> birthday, the CRITICAL ILLNESS Benefit for such person will be one-half the Benefit Amount stated in the Rider Schedule. For any COVERED PERSON'S FIRST DIAGNOSIS of a CRITICAL ILLNESS that is first manifested after the Effective Date but before the end of the RIDER WAITING PERIOD, the sole CRITICAL ILLNESS benefit payable by US shall be a sum equal to the premium paid for that COVERED PERSON. **YOU are entitled to only one CRITICAL ILLNESS benefit for each COVERED PERSON. No benefit is payable with respect to any person listed as a COVERED PERSON who had any CRITICAL ILLNESS manifested before the Effective Date of this rider, and OUR sole obligation with respect to such COVERED PERSON shall be to void coverage under this rider for that COVERED PERSON and refund to YOU all premiums paid for that COVERED PERSON.**

#### **LIMITATIONS AND EXCLUSIONS**

1. This rider only provides a benefit for a CRITICAL ILLNESS as defined herein and does not provide benefits for any other disease, sickness, disability, medical condition, injury or incapacity.
2. This rider contains a waiting period. For a COVERED PERSON'S FIRST DIAGNOSIS of a CRITICAL ILLNESS that is first manifested after the Effective Date shown in the Rider Schedule but before the rider has been in force for 30 days following such Effective Date, a reduced benefit equal to the premium payments made for that COVERED PERSON is the sole benefit payable for such COVERED PERSON.
3. This rider will not pay a benefit if the diagnosis of the CRITICAL ILLNESS is made outside the United States of America.
4. There shall be no conversion privilege (as below described) for any COVERED PERSON diagnosed by a PHYSICIAN as having a CRITICAL ILLNESS.

## TERMINATION OF RIDER

This rider will terminate when the first of any of these occurs:

1. The policy or certificate referenced in the Rider Schedule lapses or, expires, is canceled or otherwise terminated.
2. YOU do not pay the premium for the policy or certificate referenced in the Rider Schedule, or for this rider, by the end of the Grace Period.
3. The policy or certificate referenced in the Rider Schedule is rescinded by US.

## CONVERSION PRIVILEGE

**Conversion by Insured:** YOU may, on the expiration of the 90 day period following the Effective Date set forth in the Rider Schedule, and only while the policy or certificate referenced in the Rider Schedule and this rider are in force, convert a COVERED PERSON'S coverage under this rider to an individual critical illness policy or certificate providing similar benefits, and evidence of such COVERED PERSON'S insurability will not be required by US at the time of conversion. The form of the critical illness policy or certificate may be any then offered by US that covers the same or similar risk. At YOUR option, the Benefit Amount under the individual critical illness policy or certificate can be either equal to or less than, but never greater than, the Benefit Amount listed in the Rider Schedule.

**Conversion by Covered Person Other Than Insured:** If the INSURED terminates a COVERED PERSON'S coverage under this rider and has not converted that COVERED PERSON'S coverage to an individual critical illness policy or certificate before such termination, then a COVERED PERSON over the age of 17 years shall have the right to convert his or her coverage under this rider to an individual critical illness policy or certificate according to the conditions and terms above provided the INSURED. The individual policy or certificate of critical illness insurance: 1) Will only be issued if application is made and the first initial premium charge is fully paid to US within 31 days after the date on which the COVERED PERSON'S coverage under this rider ceases; and 2) will take effect at the end of this 31 day period.

Notwithstanding the foregoing, if WE have rescinded the policy or certificate listed in the Rider Schedule, neither the INSURED nor other COVERED PERSON has a right to convert coverage under this rider to an individual critical illness policy or certificate.

On the conversion to an individual critical illness policy or certificate by the INSURED or other COVERED PERSON, the COVERED PERSON'S coverage under the policy or certificate of health insurance referenced in the Rider Schedule and the COVERED PERSON'S coverage under this rider shall automatically terminate. In no event shall a Critical Illness Benefit ever be payable under both this rider and a converted individual policy or certificate of critical illness coverage.

The premium for such converted policy or certificate will be OUR rate then in effect for:

- a) The plan and amount of the policy or certificate; and
- b) The class of risk to which the individual then belongs; and
- c) The COVERED PERSON'S attained age on the effective date of the new policy or certificate.

**PAYMENT OF PREMIUMS:** The premium amount for this rider is included in the Policy Schedule or Certificate Schedule of the policy or certificate referenced in the Rider Schedule. However, if this rider is issued subsequent to the Effective Date of the policy or certificate identified in the Rider Schedule, and unless the policy or certificate, including this rider, is reissued, the premium amount for this rider will be set forth in the Rider Schedule.

This rider is signed for US by OUR President and Secretary.

A handwritten signature in cursive script, appearing to read 'Sony M. Hachison', is written over a large, diagonal 'SPECIMEN' watermark.

Secretary

A handwritten signature in cursive script is written over a large, diagonal 'SPECIMEN' watermark.

President

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085

A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

## ACCIDENT RIDER

This rider amends and is made a part of the policy or certificate referenced in the Rider Schedule. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.

### 30-DAY RIGHT TO EXAMINE RIDER

If this rider is issued subsequent to the Effective Date of the policy or certificate described in the Rider Schedule, and if YOU are not satisfied with this rider for any reason, YOU may return it to OUR Administrative Office or to the agent within 30 days after YOU receive it. Any premium YOU paid for this rider will be refunded to YOU. In the event YOU return this rider to US, this rider will be void from its inception and it will be as if no rider ever existed between YOU and US.

**IMPORTANT NOTICE:** IF YOU COMPLETED A NEW APPLICATION TO OBTAIN THIS RIDER, A COPY IS ATTACHED TO THIS RIDER. PLEASE READ THIS APPLICATION CAREFULLY AND WRITE TO US AT THE ADDRESS SHOWN ABOVE WITHIN 10 DAYS IF ANY ANSWER OR INFORMATION SHOWN ON IT IS NOT CORRECT AND COMPLETE OR IF ANY PAST MEDICAL HISTORY HAS BEEN OMITTED FROM THE APPLICATION. THIS APPLICATION IS A PART OF THE RIDER AND THE RIDER WAS ISSUED ON THE BASIS THAT ALL INFORMATION AND ANSWERS TO ALL QUESTIONS SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

**Time Limit on Certain Defenses:** After 2 years from the Effective Date of this rider, only fraudulent misstatements in the application upon which this rider was issued may be used to void this rider or deny any covered claim for loss incurred after the 2-year period.

### INSURING CLAUSE

WE will pay YOU the benefits stated in this rider (Accident Benefits), subject to all of its provisions, conditions, exclusions and limitations, when WE receive timely written proof of loss satisfactory to US of losses or expenses incurred by a COVERED PERSON, while the policy or certificate referenced in the Rider Schedule and this rider are in force, which are due to loss of life, limb or sight, or an INJURY as defined in the policy or certificate referenced in the Rider Schedule which is the direct result of an ACCIDENT, independent of and without contribution from any illness, disease or any other cause, sustained while the policy or certificate and this rider are in force.

### RIDER BENEFIT SCHEDULE

<b>PART 1</b> Accidental Death Benefit . . . . . \$ [10,000.00]	<b>PART 3</b> Accident Hospital Benefit (each full week) . . . . . \$ [250.00]
<b>PART 2</b> Accidental Injury Benefit . . . . . up to \$ [10,000.00]	Accident Hospital Benefit Maximum . . . . . 25 weeks
Schedule of Benefits Multiplier . . . . . 100%	<b>PART 4</b> Maximum Accident First Aid Benefit . . . . . \$ [40.00]

### RIDER SCHEDULE

COVERED PERSON	[POLICY] NUMBER	EFFECTIVE DATE
John Doe	12345678	05-01-09

Rider Premium: \$ \_\_\_\_\_ for every \_\_\_\_\_ month(s)  
(included in the Policy Schedule or Certificate Schedule of the policy or certificate referenced above if no amount is shown here)

## TABLE OF CONTENTS

	Page		Page
Insuring Clause ..	1	Schedule of Benefits .....	2
Rider Schedule .....	1	Accident Hospital Benefit .....	3
Additional Definitions.....	2	Accident First Aid Benefit.....	4
Accidental Death Benefit.....	2	Limitations and Exclusions.....	4
Accidental Injury Benefit.....	2	Rider Provisions .....	4

## ADDITIONAL DEFINITIONS

**FRACTURE** means a full or partial break in the continuity of a bone which is discernible by x-ray.

### PART 1

#### ACCIDENTAL DEATH BENEFIT

WE will pay YOU the Accidental Death Benefit shown in the Rider Benefit Schedule when WE receive timely written proof of loss satisfactory to US of the death of a COVERED PERSON due solely to an INJURY as defined in the policy or certificate referenced in the Rider Schedule, directly and independently of and without contribution from any illness, disease or any other cause. To be covered, the death must occur while the policy or certificate referenced in the Rider Schedule and this rider are in force and within 90 days of the ACCIDENT. This Accidental Death Benefit is in lieu of all other Accident Benefits allowable under PARTS 2, 3 and 4 for any one ACCIDENT. If the COVERED PERSON is eligible for other Accident Benefits, YOU may elect the Accident Benefit to be paid.

### PART 2

#### ACCIDENTAL INJURY BENEFIT

WE will pay YOU a benefit when WE receive timely written proof of loss satisfactory to US that a COVERED PERSON sustained a loss or condition listed below due solely to an INJURY as defined in the policy or certificate referenced in the Rider Schedule, directly and independently of and without contribution from any illness, disease or any other cause. The benefit will be equal to the amount set opposite the name of the loss or condition listed below times the Schedule of Benefits Multiplier stated in the Rider Benefit Schedule. To be covered, the loss or condition must occur while the policy or certificate referenced in the Rider Schedule and this rider are in force and within 90 days of the ACCIDENT.

#### SCHEDULE OF BENEFITS FOR SPECIFIC INJURIES

For Loss of:

Both Eyes .....	\$10,000.00
One Eye .....	\$3,750.00

The loss of eye or eyes shall mean the total and irrevocable, irrecoverable and uncorrectable loss of the entire sight thereof.

For Amputation or Severance of:

Both Hands or Both Arms .....	\$10,000.00
Both Feet or Both Legs .....	\$10,000.00
One Hand or Arm and One Foot or Leg .....	\$10,000.00
One Hand or One Arm .....	\$5,000.00
One Foot or One Leg .....	\$5,000.00
One or more entire Toe(s).....	\$800.00
One or more entire Finger(s).....	\$600.00

Loss of hand or hands, or foot or feet, shall mean severance at or above the wrist joint or ankle joint, respectively; and loss of arm or arms, leg or legs, shall mean severance at or above the elbow joint or knee joint, respectively.

For Complete Dislocation of:

Hip Joint .....	\$1,200.00
Knee Joint (except Patella) .....	\$600.00
Bone or Bones of the Foot, other than Toes.....	\$600.00
Ankle Joint.....	\$600.00
Wrist Joint.....	\$500.00

Elbow Joint .....	\$400.00
Shoulder Joint .....	\$300.00
Bone or Bones of the Hand, other than Fingers .....	\$200.00
Collar Bones .....	\$200.00
Two or More Fingers .....	\$100.00
Two or More Toes .....	\$100.00
One Finger .....	\$50.00
One Toe .....	\$50.00
For Complete Simple or Closed FRACTURE of Bone or Bones of:	
Skull (except bones of face or nose) .....	\$1,300.00
Hip, Thigh (Femur) .....	\$1,200.00
Pelvis (except Coccyx) .....	\$1,000.00
Arm, between shoulder and elbow (shaft) .....	\$800.00
Shoulder Blade (Scapula) .....	\$800.00
Leg (Tibia or Fibula) .....	\$800.00
Ankle .....	\$600.00
Knee Cap (Patella) .....	\$600.00
Collar Bone (Clavicle) .....	\$600.00
Forearm (Radius or Ulna) .....	\$600.00
Foot (except Toes) .....	\$500.00
Hand or Wrist (except Fingers) .....	\$500.00
Lower Jaw (except Alveolar Process) .....	\$300.00
Two or More Ribs, Fingers or Toes .....	\$200.00
Bones of Face or Nose .....	\$200.00
One Rib, Finger or Toe .....	\$100.00
Coccyx .....	\$100.00

For a complete open or compound FRACTURE, the amount set opposite the name of the loss or condition will be increased by 50% before applying the Schedule of Benefits Multiplier.

For a FRACTURE treated by a surgical operation with bone grafting or metallic fixation at point of FRACTURE, the amount set opposite the name of the loss or condition will be doubled before applying the Schedule of Benefits Multiplier.

Only one scheduled benefit listed above, the largest, will be paid for all losses and conditions due to all INJURIES sustained by a COVERED PERSON as a result of any one ACCIDENT. The benefit payable under this PART 2 is in lieu of all other Accident Benefits allowable under PARTS 1, 3 and 4. If the COVERED PERSON is eligible for other Accident Benefits, YOU may elect the Accident Benefit to be paid.

### **PART 3 ACCIDENT HOSPITAL BENEFIT**

WE will pay YOU the Accident Hospital Benefit shown in the Rider Benefit Schedule for each full week of a MEDICALLY NECESSARY HOSPITAL STAY by a COVERED PERSON. Such HOSPITAL STAY must be due solely to an INJURY as defined in the policy or certificate referenced in the Rider Schedule, directly and independently of and without contribution from any illness, disease or any other cause. The Accident Hospital Benefit payable shall not be for more than 25 weeks for any one ACCIDENT. To be covered, the HOSPITAL STAY must begin while the policy or certificate referenced in the Rider Schedule and this rider are in force and within 90 days of the ACCIDENT. Coverage for this Accident Hospital Benefit will terminate on date the date the policy or certificate or this rider is cancelled, lapses or is otherwise terminated, whichever occurs first.

This Accident Hospital Benefit is in lieu of all other Accident Benefits allowable under PARTS 1, 2 and 4 for any one ACCIDENT. If the COVERED PERSON is eligible for other Accident Benefits, YOU may elect the Accident Benefit to be paid.

#### **PART 4**

#### **ACCIDENT FIRST AID BENEFIT**

WE will pay YOU an Accident First Aid Benefit for MEDICALLY NECESSARY expenses incurred for medical care provided to or for a COVERED PERSON due solely to an INJURY as defined in the policy or certificate referenced in the Rider Schedule, directly and independently of and without contribution from any illness, disease or any other cause. The Accident First Aid Benefit payable will equal the expense incurred by the COVERED PERSON, but, in no event will the benefit payable exceed the Maximum Accident First Aid Benefit shown in the Rider Benefit Schedule for any one ACCIDENT. To be covered, the expense must be incurred while the policy or certificate referenced in the Rider Schedule and this rider are in force and within 90 days of the ACCIDENT.

This Accident First Aid Benefit is in lieu of all other Accident Benefits allowable under PARTS 1, 2 and 3 for any one ACCIDENT. If the COVERED PERSON is eligible for other Accident Benefits, YOU may elect the Accident Benefit to be paid.

#### **PART 5**

#### **LIMITATIONS AND EXCLUSIONS**

This rider does not cover any accident or injury (including ACCIDENT and INJURY as defined in the policy or certificate referenced in the Rider Schedule), death, disability or other loss caused directly or indirectly, wholly or partially, or contributed to by any of the following:

1. medical condition(s), disease(s), illness(s) or disorder(s) of any kind; insanity or mental derangement;
2. any intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide while sane or insane (insane not applicable in Missouri);
3. air travel as a pilot or crew member;
4. committing or trying to commit a felony or other illegal act;
5. being under the influence of an intoxicant or a narcotic;
6. poison, gas or fumes voluntarily taken, absorbed, or inhaled and which are not administered on the advice of a PHYSICIAN; or
7. engaging in military or naval service of any country, or as a result of war, declared or undeclared, or any act incident to war, and any premium paid to the COMPANY for any period not covered by reason of the COVERED PERSON'S military or naval service, will be returned, upon notice, pro rata, to YOU.

#### **TERMINATION OF RIDER**

This rider will terminate when the first of any of these occurs:

1. The policy or certificate referenced in the Rider Schedule lapses or expires, is canceled or otherwise terminated.
2. YOU do not pay the premium for the policy or certificate referenced in the Rider Schedule, or for this rider, by the end of the Grace Period.
3. The policy or certificate referenced in the Rider Schedule is rescinded by US.

**PAYMENT OF PREMIUMS:** The premium amount for this rider is included in the Policy Schedule or Certificate Schedule of the policy or certificate referenced in the Rider Schedule. However, if this rider is issued subsequent to the Effective Date of the policy or certificate identified in the Rider Schedule, and unless the policy or certificate, including this rider, is reissued, the premium amount for this rider will be set forth in the Rider Schedule.

This rider is signed for US by OUR President and Secretary.

A handwritten signature in cursive script, appearing to read "Sam M. Harrison", is written over a large, diagonal, grey "SPECIMEN" watermark.

**Secretary**

A handwritten signature in cursive script, appearing to read "A. J. Harrison", is written over a large, diagonal, grey "SPECIMEN" watermark.

**President**

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085**  
**A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas**

**INCREASING BENEFIT RIDER TO POLICY OR CERTIFICATE # \_\_\_\_\_**

THIS RIDER INCREASES THE BENEFIT LIMIT(S) APPLICABLE TO THE BELOW NAMED PARTS OF THE POLICY OR CERTIFICATE REFERENCED ABOVE FOR EXPENSES INCURRED MORE THAN 2 YEARS AFTER THE EFFECTIVE DATE OF THE POLICY OR CERTIFICATE BY AMENDING THE BENEFIT SCHEDULE AS SHOWN BELOW. This rider amends and is made a part of the policy or certificate referenced above. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.

**BENEFIT LIMIT** means the dollar amount or other number set opposite any benefit or PART in the Benefit Schedule of the policy or certificate.

In consideration of the issuance or the renewal of the policy or certificate referenced above, which this rider amends, it is understood and agreed that the Benefit Schedule in the policy or certificate is amended, as shown below. For any PART of the policy or certificate not listed below, the BENEFIT LIMIT listed in the Benefit Schedule remains unchanged.

**AMENDMENTS TO BENEFIT SCHEDULE**

*{Assumes policy effective date of July, 1, 2009}*

		<b>FOR EXPENSES INCURRED [July 1, 2011] AND AFTER</b>
<b>PART 1:</b>	<b>Daily Hospital Room and Board Benefit.....up to</b>	<b>\$ [500.00]</b>
<b>PART 2:</b>	<b>Daily Intensive Care Benefit..... up to</b>	<b>\$ [1000.00]</b>
<b>PART 4:</b>	<b>Surgical Benefit Limit.....up to</b>	<b>\$ [5000.00]</b>
	<b>Surgery Conversion Factor .....</b>	<b>[112.5]</b>
<b>PART 10:</b>	<b>Outpatient Expense Benefit .....80% up to</b>	<b>\$ [625.00]</b>
	<b>Outpatient Deductible Amount.....</b>	<b>\$ [100.00]</b>

**TERMINATION OF RIDER**

This rider will terminate when the first of any of these occurs:

1. The policy or certificate referenced above lapses or, expires, is canceled or otherwise terminated.

2. You do not pay the premium for the policy or certificate referenced above, or for this rider, by the end of the Grace Period.
3. The policy or certificate referenced above is rescinded by Us.

**This rider is signed for Us by Our President and Secretary.**



**Secretary**



**President**



**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085  
A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

**INCREASING BENEFIT RIDER TO POLICY OR CERTIFICATE # \_\_\_\_\_**

THIS RIDER INCREASES THE BENEFIT LIMIT(S) APPLICABLE TO THE BELOW NAMED PARTS OF THE POLICY OR CERTIFICATE REFERENCED ABOVE FOR EXPENSES INCURRED MORE THAN 2 YEARS AFTER THE EFFECTIVE DATE OF THE POLICY OR CERTIFICATE BY AMENDING THE BENEFIT SCHEDULE AS SHOWN BELOW. This rider amends and is made a part of the policy or certificate referenced above. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.

**BENEFIT LIMIT** means the dollar amount or other number set opposite any benefit or PART in the Benefit Schedule of the policy or certificate.

In consideration of the issuance or the renewal of the policy or certificate referenced above, which this rider amends, it is understood and agreed that the Benefit Schedule in the policy or certificate is amended, as shown below. For any PART of the policy or certificate not listed below, the BENEFIT LIMIT listed in the Benefit Schedule remains unchanged.

**AMENDMENTS TO BENEFIT SCHEDULE**

*{Assumes policy effective date of July, 1, 2009}*

		FOR EXPENSES INCURRED [July 1, 2011] THROUGH [June 30, 2013]	FOR EXPENSES INCURRED [July 1, 2013] AND AFTER
PART 1:	Daily Hospital Room and Board Benefit.....up to	\$ [500.00]	\$ [600.00]
PART 2:	Daily Intensive Care Benefit..... up to	\$ [1000.00]	\$ [1200.00]
PART 4:	Surgical Benefit Limit.....up to	\$ [5000.00]	\$ [6000.00]
	Surgery Conversion Factor .....	[112.5]	[135]
PART 10:	Outpatient Expense Benefit .....80% up to	\$ [625.00]	\$ [750.00]
	Outpatient Deductible Amount.....	\$ [100.00]	\$ [100.00]

**TERMINATION OF RIDER**

This rider will terminate when the first of any of these occurs:

1. The policy or certificate referenced above lapses or, expires, is canceled or otherwise terminated.

2. You do not pay the premium for the policy or certificate referenced above, or for this rider, by the end of the Grace Period.
3. The policy or certificate referenced above is rescinded by Us.

**This rider is signed for Us by Our President and Secretary.**



**Secretary**



**President**

**SPECIMEN**

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085  
A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

**SELECT BENEFIT RIDER TO POLICY OR CERTIFICATE # \_\_\_\_\_**

**THIS RIDER REDUCES BENEFITS PAYABLE UNDER THE POLICY OR CERTIFICATE REFERENCED ABOVE FOR THE MEDICAL CONDITION(S), ILLNESS(ES), DISEASE(S) OR DISORDER(S), OR INJURY(IES) NAMED BELOW OF A GIVEN COVERED PERSON AND NOTIFIES YOU OF AN INCREASE IN YOUR PREMIUM. This rider is made a part of the policy or certificate referenced above. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.**

**Rider Effective Date:** \_\_\_\_\_  
(same as policy or certificate Effective Date shown in the Policy Schedule or Certificate Schedule if no date is shown here)

**Rider Premium: \$ \_\_\_\_\_ for every \_\_\_\_\_ months**  
(included in the Policy Schedule or Certificate Schedule of the policy or certificate referenced above if no amount is shown here)

**COVERED PERSON to whom this rider applies:** \_\_\_\_\_  
(Insured if no other COVERED PERSON'S name is listed here)

In consideration of the issuance or the renewal of the policy or certificate referenced above which this rider amends, it is understood and agreed that with respect to all losses incurred by the COVERED PERSON listed above, while the policy or certificate and rider are in force, that result directly or indirectly, or wholly or partially from, or contributed to by the following listed medical condition(s), illness(es), disease(s) or disorder(s), or injury(ies), or any combination thereof ("Named Condition(s)"):

**[High Blood Pressure] & [Diabetes]**

the policy or certificate referenced above shall be and is modified as follows:

1. **WAITING PERIOD:** No benefits are payable for any loss incurred by the COVERED PERSON listed above, resulting directly or indirectly, or wholly or partially from, or contributed to by any of the Named Condition(s) prior to the expiration of 180 days after the Effective Date set forth above in this rider. The Pre-Existing Condition Limitation period set forth in the policy or certificate referenced above is not shortened with respect to a medical condition, disease, illness, or disorder, or injury that is not a Named Condition.
2. **REDUCED BENEFITS:** After expiration of the Waiting Period, and while the policy or certificate referenced above and this rider are in force, all benefits otherwise payable under such policy or certificate for all losses incurred by the COVERED PERSON listed above resulting directly or indirectly, or wholly or partially from, or contributed to by any of the Named Condition(s) are reduced by 25%.

3. **REDUCED MAXIMUM BENEFITS:** The total benefits payable under any one PART of the policy or certificate referenced above for all losses incurred by the COVERED PERSON named above for all covered care, treatment, services, or supplies, or combination thereof, for any one Sickness or Injury resulting directly or indirectly, or wholly or partially from, or contributed to by any Named Condition(s) shall never exceed 75% of the amount stated in the Benefit Schedule for such PART. This reduced maximum benefit provision applies to each PART of the policy or certificate under which any benefit is payable.

This rider is signed for Us by Our President and Secretary.

  
SPECIMEN

Secretary

  
SPECIMEN

President

SPECIMEN

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085  
A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

EXCLUSIONARY RIDER TO POLICY OR CERTIFICATE # \_\_\_\_\_

THIS RIDER ELIMINATES COVERAGE FOR THE MEDICAL CONDITION(S), ILLNESS(ES), DISEASE(S) OR DISORDER(S), OR INJURY(IES) NAMED BELOW OF A GIVEN COVERED PERSON. This rider amends and is made a part of the policy or certificate referenced above. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.

**Rider Effective Date:** \_\_\_\_\_  
(same as policy or certificate Effective Date shown in the Policy Schedule or Certificate Schedule if no date is shown here)

**COVERED PERSON to whom this rider applies:** \_\_\_\_\_  
(Insured if no other COVERED PERSON'S name is listed here)

In consideration of the issuance or the renewal of the policy or certificate referenced above, it is understood and agreed that We will not pay benefits under the policy or certificate for losses incurred by the COVERED PERSON named above resulting directly or indirectly, or wholly or partially from, or contributed to by the following medical condition(s), illness(s), disease(s) or disorder(s), or injury(ies) of the following:

**[High Blood Pressure]**

This rider is signed for Us by Our President and Secretary.

*Sarah M. [Signature]*  
**SPECIMEN**

**Secretary**

*[Signature]*  
**SPECIMEN**

**President**

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085  
A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

**ADDITIONAL PREMIUM RIDER TO POLICY OR CERTIFICATE # \_\_\_\_\_**

**THIS RIDER NOTIFIES YOU OF AN INCREASE IN YOUR PREMIUM AND IDENTIFIES FOR YOU THE MEDICAL CONDITION(S), ILLNESS(ES), DISEASE(S) OR DISORDER(S), OR INJURY(IES), THAT CAUSED YOUR POLICY OR CERTIFICATE REFERENCED ABOVE TO BE ISSUED WITH AN INCREASED PREMIUM AND THE COVERED PERSON TO WHOM THE INCREASED PREMIUM APPLIES. This rider is made a part of the policy or certificate referenced above. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.**

**Rider Effective Date:** \_\_\_\_\_  
(same as policy or certificate Effective Date shown in the Policy Schedule or Certificate Schedule if no date is shown here)

**Rider Premium: \$ \_\_\_\_\_ for every \_\_\_\_\_ months**  
(included in the Policy Schedule or Certificate Schedule of the policy or certificate referenced above if no amount is shown here)

**COVERED PERSON to whom this rider applies:** \_\_\_\_\_  
(Insured if no other COVERED PERSON'S name is listed here)

In consideration of the issuance or the renewal of the policy or certificate referenced above which this rider amends, it is understood and agreed that certain information provided by You at the time of Your application for health insurance or otherwise obtained by the Company affected the premium rate for Your policy or certificate. The following medical condition(s), illness(es), disease(s) or disorder(s), or injury(ies), was noted and is responsible for the increased rate of Your premium ("Named Condition(s)"): \_\_\_\_\_

**[High Blood Pressure] & [Diabetes]**

Coverage for such COVERED PERSON'S Named Condition(s) is subject to all provisions, conditions, exclusions and limitations, including, but not limited to, the Pre-existing Condition Limitation, of the policy or certificate referenced above. Please review Your policy or certificate carefully for the complete description of Your coverage.

**By paying the increased premium charge, You consent to Our increase in Your premium as described above.**

This rider is signed for Us by Our President and Secretary.

  
\_\_\_\_\_  
SPECIMEN

**Secretary**

  
\_\_\_\_\_  
SPECIMEN

**President**

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-126096328 State: Arkansas

Filing Company: Liberty National Life Insurance Company State Tracking Number: 42234

Company Tracking Number: LGSP3

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense

Product Name: Limited Benefit Hospital, Surgical and Medical Expense Policy

Project Name/Number: Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	LGSP3 Rate Pages	LGSP3, R-LIB25, New R-LIB50			LGSP3 Rate Page - AR.pdf
Approved-Closed	R-LCAN Rate Page	R-LCAN(03)	New		R-LCAN Rate Page - AR.pdf
Approved-Closed	R-LCIX Rate Page	R-LCIX	New		R-LCIX Rate Page - AR.pdf
Approved-Closed	R-LACC2 Rate Page	R-LACC2	New		R-ACC2 Rate Page - AR.pdf



# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

NEW PRODUCT FILING

ARKANSAS

## Proposed Annual Premium Rates

Miscellaneous Hospital Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
	CHILD (00-17)	87.12	87.12	87.12	87.12	87.12	87.12
\$250 Deductible	18-25	136.73	119.35	136.73	119.35	136.73	119.35
\$2,500 Maximum Benefit	26-30	158.84	135.96	158.84	135.96	158.84	135.96
	31-35	185.24	172.26	185.24	172.26	185.24	172.26
	36-40	218.35	230.67	218.35	230.67	218.35	230.67
	41-45	277.97	281.16	277.97	281.16	277.97	281.16
	46-50	353.76	309.10	353.76	309.10	353.76	309.10
	51-55	409.20	357.06	409.20	357.06	409.20	357.06
	56-60	478.94	400.07	478.94	400.07	478.94	400.07
	61-63	535.59	406.34	535.59	406.34	535.59	406.34

These rates will be discounted 10% when husband and wife are covered under the same policy

### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

NEW PRODUCT FILING

ARKANSAS

Proposed Annual Premium Rates

Miscellaneous Hospital Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$500 Deductible \$7,500 Maximum Benefit	CHILD (00-17)	209.55	209.55	209.55	209.55	209.55	209.55
	18-25	329.01	299.42	329.01	299.42	329.01	299.42
	26-30	382.25	360.80	382.25	360.80	382.25	360.80
	31-35	445.83	473.11	445.83	473.11	445.83	473.11
	36-40	525.58	615.12	525.58	615.12	525.58	615.12
	41-45	669.24	726.55	669.24	726.55	669.24	726.55
	46-50	851.29	815.54	851.29	815.54	851.29	815.54
	51-55	984.28	913.99	984.28	913.99	984.28	913.99
	56-60	1,151.81	978.01	1,151.81	978.01	1,151.81	978.01
	61-63	1,287.66	988.68	1,287.66	988.68	1,287.66	988.68
\$500 Deductible \$15,000 Maximum Benefit	CHILD (00-17)	323.84	323.84	323.84	323.84	323.84	323.84
	18-25	510.51	465.63	510.51	465.63	510.51	465.63
	26-30	593.34	562.76	593.34	562.76	593.34	562.76
	31-35	694.32	738.54	694.32	738.54	694.32	738.54
	36-40	821.04	957.11	821.04	957.11	821.04	957.11
	41-45	1,047.31	1,129.81	1,047.31	1,129.81	1,047.31	1,129.81
	46-50	1,325.06	1,266.76	1,325.06	1,266.76	1,325.06	1,266.76
	51-55	1,527.68	1,415.04	1,527.68	1,415.04	1,527.68	1,415.04
	56-60	1,781.56	1,510.52	1,781.56	1,510.52	1,781.56	1,510.52
	61-63	1,986.71	1,526.47	1,986.71	1,526.47	1,986.71	1,526.47
\$500 Deductible \$25,000 Maximum Benefit	CHILD (00-17)	411.73	411.73	411.73	411.73	411.73	411.73
	18-25	651.09	595.10	651.09	595.10	651.09	595.10
	26-30	757.35	721.05	757.35	721.05	757.35	721.05
	31-35	888.25	946.44	888.25	946.44	888.25	946.44
	36-40	1,052.92	1,223.75	1,052.92	1,223.75	1,052.92	1,223.75
	41-45	1,344.42	1,443.86	1,344.42	1,443.86	1,344.42	1,443.86
	46-50	1,694.22	1,616.89	1,694.22	1,616.89	1,694.22	1,616.89
	51-55	1,949.09	1,801.91	1,949.09	1,801.91	1,949.09	1,801.91
	56-60	2,267.10	1,920.16	2,267.10	1,920.16	2,267.10	1,920.16
	61-63	2,523.51	1,940.18	2,523.51	1,940.18	2,523.51	1,940.18
\$500 Deductible \$35,000 Maximum Benefit	CHILD (00-17)	484.66	484.66	484.66	484.66	484.66	484.66
	18-25	767.91	702.68	767.91	702.68	767.91	702.68
	26-30	893.53	852.61	893.53	852.61	893.53	852.61
	31-35	1,049.40	1,119.14	1,049.40	1,119.14	1,049.40	1,119.14
	36-40	1,245.64	1,445.18	1,245.64	1,445.18	1,245.64	1,445.18
	41-45	1,591.37	1,704.56	1,591.37	1,704.56	1,591.37	1,704.56
	46-50	2,000.90	1,907.51	2,000.90	1,907.51	2,000.90	1,907.51
	51-55	2,298.56	2,122.89	2,298.56	2,122.89	2,298.56	2,122.89
	56-60	2,669.70	2,259.62	2,669.70	2,259.62	2,669.70	2,259.62
	61-63	2,968.57	2,283.05	2,968.57	2,283.05	2,968.57	2,283.05
\$500 Deductible \$50,000 Maximum Benefit	CHILD (00-17)	554.73	554.73	554.73	554.73	554.73	554.73
	18-25	879.78	805.64	879.78	805.64	879.78	805.64
	26-30	1,023.99	978.23	1,023.99	978.23	1,023.99	978.23
	31-35	1,203.51	1,284.03	1,203.51	1,284.03	1,203.51	1,284.03
	36-40	1,429.56	1,656.82	1,429.56	1,656.82	1,429.56	1,656.82
	41-45	1,826.77	1,953.93	1,826.77	1,953.93	1,826.77	1,953.93
	46-50	2,293.83	2,185.70	2,293.83	2,185.70	2,293.83	2,185.70
	51-55	2,633.29	2,430.56	2,633.29	2,430.56	2,633.29	2,430.56
	56-60	3,056.02	2,585.99	3,056.02	2,585.99	3,056.02	2,585.99
	61-63	3,396.25	2,612.61	3,396.25	2,612.61	3,396.25	2,612.61

These rates will be discounted 10% when husband and wife are covered under the same policy

## Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

## NEW PRODUCT FILING

### ARKANSAS

#### Proposed Annual Premium Rates

Miscellaneous Hospital Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$750 Deductible \$7,500 Maximum Benefit	CHILD (00-17)	204.27	204.27	204.27	204.27	204.27	204.27
	18-25	320.98	292.16	320.98	292.16	320.98	292.16
	26-30	373.01	352.22	373.01	352.22	373.01	352.22
	31-35	435.27	462.11	435.27	462.11	435.27	462.11
	36-40	513.37	600.38	513.37	600.38	513.37	600.38
	41-45	653.84	709.06	653.84	709.06	653.84	709.06
	46-50	831.05	795.74	831.05	795.74	831.05	795.74
	51-55	960.41	891.44	960.41	891.44	960.41	891.44
	56-60	1,123.21	953.48	1,123.21	953.48	1,123.21	953.48
	61-63	1,255.32	963.93	1,255.32	963.93	1,255.32	963.93
\$750 Deductible \$15,000 Maximum Benefit	CHILD (00-17)	316.25	316.25	316.25	316.25	316.25	316.25
	18-25	498.74	455.07	498.74	455.07	498.74	455.07
	26-30	579.81	550.33	579.81	550.33	579.81	550.33
	31-35	678.81	722.15	678.81	722.15	678.81	722.15
	36-40	803.00	935.66	803.00	935.66	803.00	935.66
	41-45	1,024.43	1,104.40	1,024.43	1,104.40	1,024.43	1,104.40
	46-50	1,295.36	1,237.94	1,295.36	1,237.94	1,295.36	1,237.94
	51-55	1,492.81	1,382.37	1,492.81	1,382.37	1,492.81	1,382.37
	56-60	1,740.20	1,475.21	1,740.20	1,475.21	1,740.20	1,475.21
	61-63	1,939.96	1,490.83	1,939.96	1,490.83	1,939.96	1,490.83
\$750 Deductible \$25,000 Maximum Benefit	CHILD (00-17)	403.04	403.04	403.04	403.04	403.04	403.04
	18-25	637.67	583.00	637.67	583.00	637.67	583.00
	26-30	741.84	706.75	741.84	706.75	741.84	706.75
	31-35	870.43	927.52	870.43	927.52	870.43	927.52
	36-40	1,032.02	1,199.00	1,032.02	1,199.00	1,032.02	1,199.00
	41-45	1,318.02	1,414.49	1,318.02	1,414.49	1,318.02	1,414.49
	46-50	1,659.90	1,583.78	1,659.90	1,583.78	1,659.90	1,583.78
	51-55	1,908.83	1,764.29	1,908.83	1,764.29	1,908.83	1,764.29
	56-60	2,219.47	1,879.46	2,219.47	1,879.46	2,219.47	1,879.46
	61-63	2,469.83	1,899.04	2,469.83	1,899.04	2,469.83	1,899.04
\$750 Deductible \$35,000 Maximum Benefit	CHILD (00-17)	471.79	471.79	471.79	471.79	471.79	471.79
	18-25	747.89	684.64	747.89	684.64	747.89	684.64
	26-30	870.43	831.05	870.43	831.05	870.43	831.05
	31-35	1,022.56	1,090.76	1,022.56	1,090.76	1,022.56	1,090.76
	36-40	1,214.29	1,408.00	1,214.29	1,408.00	1,214.29	1,408.00
	41-45	1,551.55	1,660.56	1,551.55	1,660.56	1,551.55	1,660.56
	46-50	1,949.42	1,858.01	1,949.42	1,858.01	1,949.42	1,858.01
	51-55	2,238.61	2,066.68	2,238.61	2,066.68	2,238.61	2,066.68
	56-60	2,598.97	2,199.34	2,598.97	2,199.34	2,598.97	2,199.34
	61-63	2,889.04	2,222.00	2,889.04	2,222.00	2,889.04	2,222.00
\$750 Deductible \$50,000 Maximum Benefit	CHILD (00-17)	540.65	540.65	540.65	540.65	540.65	540.65
	18-25	858.00	785.84	858.00	785.84	858.00	785.84
	26-30	998.80	954.80	998.80	954.80	998.80	954.80
	31-35	1,174.25	1,253.23	1,174.25	1,253.23	1,174.25	1,253.23
	36-40	1,395.35	1,616.34	1,395.35	1,616.34	1,395.35	1,616.34
	41-45	1,783.54	1,906.08	1,783.54	1,906.08	1,783.54	1,906.08
	46-50	2,237.84	2,131.69	2,237.84	2,131.69	2,237.84	2,131.69
	51-55	2,568.06	2,369.51	2,568.06	2,369.51	2,568.06	2,369.51
	56-60	2,979.02	2,520.21	2,979.02	2,520.21	2,979.02	2,520.21
	61-63	3,309.68	2,546.17	3,309.68	2,546.17	3,309.68	2,546.17

These rates will be discounted 10% when husband and wife are covered under the same policy

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

### NEW PRODUCT FILING

#### ARKANSAS

#### Proposed Annual Premium Rates

Miscellaneous Hospital Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$1,000 Deductible \$7,500 Maximum Benefit	CHILD (00-17)	199.10	199.10	199.10	199.10	199.10	199.10
	18-25	312.95	284.90	312.95	284.90	312.95	284.90
	26-30	363.66	343.64	363.66	343.64	363.66	343.64
	31-35	424.60	450.89	424.60	450.89	424.60	450.89
	36-40	500.94	585.42	500.94	585.42	500.94	585.42
	41-45	638.11	691.57	638.11	691.57	638.11	691.57
	46-50	810.48	776.05	810.48	776.05	810.48	776.05
	51-55	936.32	868.89	936.32	868.89	936.32	868.89
	56-60	1,094.50	929.06	1,094.50	929.06	1,094.50	929.06
	61-63	1,222.76	938.96	1,222.76	938.96	1,222.76	938.96
\$1,000 Deductible \$15,000 Maximum Benefit	CHILD (00-17)	308.66	308.66	308.66	308.66	308.66	308.66
	18-25	487.19	444.62	487.19	444.62	487.19	444.62
	26-30	566.50	537.90	566.50	537.90	566.50	537.90
	31-35	663.30	705.98	663.30	705.98	663.30	705.98
	36-40	785.07	914.21	785.07	914.21	785.07	914.21
	41-45	1,001.55	1,079.10	1,001.55	1,079.10	1,001.55	1,079.10
	46-50	1,265.66	1,209.34	1,265.66	1,209.34	1,265.66	1,209.34
	51-55	1,458.27	1,349.92	1,458.27	1,349.92	1,458.27	1,349.92
	56-60	1,699.17	1,440.12	1,699.17	1,440.12	1,699.17	1,440.12
	61-63	1,893.76	1,455.30	1,893.76	1,455.30	1,893.76	1,455.30
\$1,000 Deductible \$25,000 Maximum Benefit	CHILD (00-17)	394.46	394.46	394.46	394.46	394.46	394.46
	18-25	624.36	571.01	624.36	571.01	624.36	571.01
	26-30	726.44	692.45	726.44	692.45	726.44	692.45
	31-35	852.50	908.82	852.50	908.82	852.50	908.82
	36-40	1,011.34	1,174.25	1,011.34	1,174.25	1,011.34	1,174.25
	41-45	1,291.62	1,385.23	1,291.62	1,385.23	1,291.62	1,385.23
	46-50	1,625.80	1,550.67	1,625.80	1,550.67	1,625.80	1,550.67
	51-55	1,868.90	1,727.00	1,868.90	1,727.00	1,868.90	1,727.00
	56-60	2,172.28	1,839.20	2,172.28	1,839.20	2,172.28	1,839.20
	61-63	2,416.59	1,858.23	2,416.59	1,858.23	2,416.59	1,858.23
\$1,000 Deductible \$35,000 Maximum Benefit	CHILD (00-17)	459.03	459.03	459.03	459.03	459.03	459.03
	18-25	728.09	666.71	728.09	666.71	728.09	666.71
	26-30	847.55	809.71	847.55	809.71	847.55	809.71
	31-35	996.05	1,062.82	996.05	1,062.82	996.05	1,062.82
	36-40	1,183.38	1,371.26	1,183.38	1,371.26	1,183.38	1,371.26
	41-45	1,512.17	1,617.22	1,512.17	1,617.22	1,512.17	1,617.22
	46-50	1,898.60	1,809.06	1,898.60	1,809.06	1,898.60	1,809.06
	51-55	2,179.32	2,011.57	2,179.32	2,011.57	2,179.32	2,011.57
	56-60	2,529.23	2,140.05	2,529.23	2,140.05	2,529.23	2,140.05
	61-63	2,810.61	2,162.05	2,810.61	2,162.05	2,810.61	2,162.05
\$1,000 Deductible \$50,000 Maximum Benefit	CHILD (00-17)	526.79	526.79	526.79	526.79	526.79	526.79
	18-25	836.44	766.37	836.44	766.37	836.44	766.37
	26-30	973.72	931.48	973.72	931.48	973.72	931.48
	31-35	1,145.32	1,222.54	1,145.32	1,222.54	1,145.32	1,222.54
	36-40	1,361.47	1,576.30	1,361.47	1,576.30	1,361.47	1,576.30
	41-45	1,740.42	1,858.67	1,740.42	1,858.67	1,740.42	1,858.67
	46-50	2,182.40	2,078.34	2,182.40	2,078.34	2,182.40	2,078.34
	51-55	2,503.49	2,309.34	2,503.49	2,309.34	2,503.49	2,309.34
	56-60	2,903.01	2,455.53	2,903.01	2,455.53	2,903.01	2,455.53
	61-63	3,224.32	2,480.72	3,224.32	2,480.72	3,224.32	2,480.72

These rates will be discounted 10% when husband and wife are covered under the same policy

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

NEW PRODUCT FILING

ARKANSAS

## Proposed Annual Premium Rates

Miscellaneous Hospital Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$2,500 Deductible \$7,500 Maximum Benefit	CHILD (00-17)	171.16	171.16	171.16	171.16	171.16	171.16
	18-25	269.61	245.74	269.61	245.74	269.61	245.74
	26-30	313.39	296.78	313.39	296.78	313.39	296.78
	31-35	366.30	389.40	366.30	389.40	366.30	389.40
	36-40	432.85	505.01	432.85	505.01	432.85	505.01
	41-45	551.87	596.31	551.87	596.31	551.87	596.31
	46-50	699.05	668.69	699.05	668.69	699.05	668.69
	51-55	806.74	747.67	806.74	747.67	806.74	747.67
	56-60	941.38	798.49	941.38	798.49	941.38	798.49
	61-63	1,050.50	807.07	1,050.50	807.07	1,050.50	807.07
\$2,500 Deductible \$15,000 Maximum Benefit	CHILD (00-17)	269.39	269.39	269.39	269.39	269.39	269.39
	18-25	426.03	389.51	426.03	389.51	426.03	389.51
	26-30	495.66	472.01	495.66	472.01	495.66	472.01
	31-35	581.35	619.41	581.35	619.41	581.35	619.41
	36-40	689.26	801.02	689.26	801.02	689.26	801.02
	41-45	880.11	944.90	880.11	944.90	880.11	944.90
	46-50	1,108.91	1,058.20	1,108.91	1,058.20	1,108.91	1,058.20
	51-55	1,275.45	1,179.09	1,275.45	1,179.09	1,275.45	1,179.09
	56-60	1,483.46	1,256.42	1,483.46	1,256.42	1,483.46	1,256.42
	61-63	1,651.10	1,269.51	1,651.10	1,269.51	1,651.10	1,269.51
\$2,500 Deductible \$25,000 Maximum Benefit	CHILD (00-17)	348.59	348.59	348.59	348.59	348.59	348.59
	18-25	553.08	506.66	553.08	506.66	553.08	506.66
	26-30	643.83	615.56	643.83	615.56	643.83	615.56
	31-35	756.91	807.84	756.91	807.84	756.91	807.84
	36-40	899.58	1,041.92	899.58	1,041.92	899.58	1,041.92
	41-45	1,149.72	1,228.70	1,149.72	1,228.70	1,149.72	1,228.70
	46-50	1,442.65	1,374.12	1,442.65	1,374.12	1,442.65	1,374.12
	51-55	1,655.39	1,527.46	1,655.39	1,527.46	1,655.39	1,527.46
	56-60	1,920.16	1,624.48	1,920.16	1,624.48	1,920.16	1,624.48
	61-63	2,133.23	1,641.20	2,133.23	1,641.20	2,133.23	1,641.20
\$2,500 Deductible \$35,000 Maximum Benefit	CHILD (00-17)	397.10	397.10	397.10	397.10	397.10	397.10
	18-25	631.40	579.15	631.40	579.15	631.40	579.15
	26-30	735.24	704.55	735.24	704.55	735.24	704.55
	31-35	865.70	924.66	865.70	924.66	865.70	924.66
	36-40	1,030.15	1,190.97	1,030.15	1,190.97	1,030.15	1,190.97
	41-45	1,317.25	1,404.04	1,317.25	1,404.04	1,317.25	1,404.04
	46-50	1,648.90	1,569.04	1,648.90	1,569.04	1,648.90	1,569.04
	51-55	1,889.36	1,741.52	1,889.36	1,741.52	1,889.36	1,741.52
	56-60	2,188.56	1,850.42	2,188.56	1,850.42	2,188.56	1,850.42
	61-63	2,429.02	1,869.23	2,429.02	1,869.23	2,429.02	1,869.23
\$2,500 Deductible \$50,000 Maximum Benefit	CHILD (00-17)	454.19	454.19	454.19	454.19	454.19	454.19
	18-25	722.92	663.63	722.92	663.63	722.92	663.63
	26-30	842.05	808.06	842.05	808.06	842.05	808.06
	31-35	992.31	1,060.51	992.31	1,060.51	992.31	1,060.51
	36-40	1,181.84	1,364.88	1,181.84	1,364.88	1,181.84	1,364.88
	41-45	1,511.73	1,608.64	1,511.73	1,608.64	1,511.73	1,608.64
	46-50	1,889.36	1,796.85	1,889.36	1,796.85	1,889.36	1,796.85
	51-55	2,163.15	1,992.54	2,163.15	1,992.54	2,163.15	1,992.54
	56-60	2,503.38	2,115.74	2,503.38	2,115.74	2,503.38	2,115.74
	61-63	2,776.73	2,137.19	2,776.73	2,137.19	2,776.73	2,137.19

These rates will be discounted 10% when husband and wife are covered under the same policy

### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

### NEW PRODUCT FILING

#### ARKANSAS

#### Proposed Annual Premium Rates

Miscellaneous Hospital Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$5,000 Deductible \$7,500 Maximum Benefit	CHILD (00-17)	137.50	137.50	137.50	137.50	137.50	137.50
	18-25	217.80	199.10	217.80	199.10	217.80	199.10
	26-30	253.33	241.56	253.33	241.56	253.33	241.56
	31-35	297.33	317.02	297.33	317.02	297.33	317.02
	36-40	352.77	409.53	352.77	409.53	352.77	409.53
	41-45	450.67	483.12	450.67	483.12	450.67	483.12
	46-50	567.05	540.87	567.05	540.87	567.05	540.87
	51-55	651.86	602.25	651.86	602.25	651.86	602.25
	56-60	757.46	641.30	757.46	641.30	757.46	641.30
	61-63	842.60	648.01	842.60	648.01	842.60	648.01
\$5,000 Deductible \$15,000 Maximum Benefit	CHILD (00-17)	222.42	222.42	222.42	222.42	222.42	222.42
	18-25	353.32	323.84	353.32	323.84	353.32	323.84
	26-30	411.40	393.80	411.40	393.80	411.40	393.80
	31-35	484.11	516.89	484.11	516.89	484.11	516.89
	36-40	575.74	666.16	575.74	666.16	575.74	666.16
	41-45	736.01	785.40	736.01	785.40	736.01	785.40
	46-50	922.24	878.02	922.24	878.02	922.24	878.02
	51-55	1,057.43	975.15	1,057.43	975.15	1,057.43	975.15
	56-60	1,225.62	1,036.53	1,225.62	1,036.53	1,225.62	1,036.53
	61-63	1,360.81	1,047.09	1,360.81	1,047.09	1,360.81	1,047.09
\$5,000 Deductible \$25,000 Maximum Benefit	CHILD (00-17)	290.84	290.84	290.84	290.84	290.84	290.84
	18-25	463.43	425.70	463.43	425.70	463.43	425.70
	26-30	539.99	518.65	539.99	518.65	539.99	518.65
	31-35	636.68	680.68	636.68	680.68	636.68	680.68
	36-40	758.67	875.49	758.67	875.49	758.67	875.49
	41-45	970.64	1,031.69	970.64	1,031.69	970.64	1,031.69
	46-50	1,211.87	1,151.92	1,211.87	1,151.92	1,211.87	1,151.92
	51-55	1,386.66	1,276.66	1,386.66	1,276.66	1,386.66	1,276.66
	56-60	1,603.69	1,355.09	1,603.69	1,355.09	1,603.69	1,355.09
	61-63	1,778.04	1,368.73	1,778.04	1,368.73	1,778.04	1,368.73
\$5,000 Deductible \$35,000 Maximum Benefit	CHILD (00-17)	334.07	334.07	334.07	334.07	334.07	334.07
	18-25	533.06	490.16	533.06	490.16	533.06	490.16
	26-30	621.39	597.85	621.39	597.85	621.39	597.85
	31-35	733.48	784.63	733.48	784.63	733.48	784.63
	36-40	874.94	1,008.04	874.94	1,008.04	874.94	1,008.04
	41-45	1,119.69	1,187.67	1,119.69	1,187.67	1,119.69	1,187.67
	46-50	1,395.35	1,325.28	1,395.35	1,325.28	1,395.35	1,325.28
	51-55	1,594.78	1,467.18	1,594.78	1,467.18	1,594.78	1,467.18
	56-60	1,842.39	1,556.06	1,842.39	1,556.06	1,842.39	1,556.06
	61-63	2,041.05	1,571.68	2,041.05	1,571.68	2,041.05	1,571.68
\$5,000 Deductible \$50,000 Maximum Benefit	CHILD (00-17)	376.64	376.64	376.64	376.64	376.64	376.64
	18-25	602.03	554.18	602.03	554.18	602.03	554.18
	26-30	701.91	676.61	701.91	676.61	701.91	676.61
	31-35	829.62	887.81	829.62	887.81	829.62	887.81
	36-40	990.44	1,139.49	990.44	1,139.49	990.44	1,139.49
	41-45	1,267.75	1,342.11	1,267.75	1,342.11	1,267.75	1,342.11
	46-50	1,577.07	1,496.77	1,577.07	1,496.77	1,577.07	1,496.77
	51-55	1,800.59	1,655.17	1,800.59	1,655.17	1,800.59	1,655.17
	56-60	2,077.90	1,754.17	2,077.90	1,754.17	2,077.90	1,754.17
	61-63	2,300.32	1,771.77	2,300.32	1,771.77	2,300.32	1,771.77

These rates will be discounted 10% when husband and wife are covered under the same policy

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

### NEW PRODUCT FILING

#### ARKANSAS

#### Proposed Annual Premium Rates

Surgical Procedure Benefits	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
Maximum Benefit: \$1,500 for Surgeon \$300 for Ass't Surgeon \$375 for Anesthetist	CHILD (00-17)	54.67	54.67	61.71	61.71	65.67	65.67
	18-25	62.48	69.63	69.74	79.97	73.37	85.36
	26-30	67.21	100.10	75.57	113.63	79.97	120.67
	31-35	78.32	125.18	90.09	142.45	96.91	152.24
	36-40	105.16	151.47	122.54	173.80	132.66	186.67
	41-45	142.89	179.30	165.99	206.25	180.40	222.97
	46-50	176.11	203.28	204.49	235.07	221.87	254.54
	51-55	209.33	231.66	241.01	265.98	259.27	285.45
	56-60	242.88	257.29	273.35	288.86	284.68	300.63
	61-63	263.23	268.84	280.83	294.58	290.29	304.26
	CHILD (00-17)	87.45	87.45	98.89	98.89	105.49	105.49
	18-25	100.21	112.53	112.09	129.80	118.25	138.82
Maximum Benefit: \$3,000 for Surgeon \$600 for Ass't Surgeon \$750 for Anesthetist	26-30	108.13	161.70	121.99	184.14	129.47	196.02
	31-35	126.39	202.29	146.08	231.00	157.63	247.50
	36-40	169.84	244.53	198.55	281.49	215.71	303.16
	41-45	230.23	288.86	268.62	333.41	292.71	361.57
	46-50	283.14	326.92	329.78	379.17	358.93	411.73
	51-55	335.61	371.58	387.42	427.57	417.67	460.02
	56-60	388.41	411.73	437.69	462.88	456.39	482.13
	61-63	420.09	429.55	449.46	472.01	464.97	487.85
	CHILD (00-17)	116.82	116.82	132.55	132.55	141.79	141.79
	18-25	134.09	152.13	150.59	176.00	159.39	188.87
	26-30	145.42	218.02	164.67	249.48	175.23	266.09
	31-35	170.72	272.91	198.00	312.84	214.72	336.38
Maximum Benefit: \$5,000 for Surgeon \$1,000 for Ass't Surgeon \$1,250 for Anesthetist	36-40	229.57	329.89	269.39	380.93	293.70	411.62
	41-45	310.64	388.96	363.55	450.45	397.76	490.27
	46-50	380.82	439.67	445.06	511.28	485.98	556.93
	51-55	450.12	498.08	520.85	574.64	562.98	619.74
	56-60	519.42	550.66	586.30	620.07	612.15	646.69
	61-63	560.78	573.76	601.81	632.17	623.04	653.95
	CHILD (00-17)	140.80	140.80	160.27	160.27	172.15	172.15
	18-25	162.25	185.02	182.71	215.05	194.04	231.77
	26-30	176.44	264.99	200.75	304.15	214.50	325.71
	31-35	208.34	331.98	242.66	381.92	263.78	411.95
	36-40	279.95	401.39	329.89	465.19	360.80	504.13
	41-45	378.51	472.67	444.40	549.45	488.07	599.72
Maximum Benefit: \$7,500 for Surgeon \$1,500 for Ass't Surgeon \$1,875 for Anesthetist	46-50	462.88	533.61	542.41	622.49	594.33	680.13
	51-55	545.27	603.02	632.61	697.29	685.30	753.83
	56-60	627.66	665.17	709.72	750.31	741.73	783.42
	61-63	676.83	692.45	728.09	764.72	754.49	791.89
	CHILD (00-17)	165.00	165.00	188.10	188.10	202.29	202.29
	18-25	190.30	218.24	214.83	254.10	228.47	274.23
	26-30	207.57	312.18	236.50	359.04	253.22	385.22
	31-35	245.85	391.16	286.99	451.11	312.62	487.52
	36-40	330.44	472.89	390.17	549.23	427.68	596.42
	41-45	446.60	556.93	525.47	648.56	578.05	709.50
	46-50	545.16	628.10	639.98	734.03	702.35	803.22
	51-55	641.08	708.62	744.92	820.71	808.06	888.36
Maximum Benefit: \$10,000 for Surgeon \$2,000 for Ass't Surgeon \$2,500 for Anesthetist	56-60	737.00	780.67	834.02	881.43	872.41	920.92
	61-63	794.09	812.35	855.58	898.59	887.04	930.93

These rates will be discounted 10% when husband and wife are covered under the same policy

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

NEW PRODUCT FILING

ARKANSAS

## Proposed Annual Premium Rates

Doctor Office Visit Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
Maximum \$25 per visit; \$50 Wellness Exam Benefit per Policy Year; \$250 Maximum Benefit per Policy Year	CHILD (00-17)	98.67	98.67	98.67	98.67	98.67	98.67
	18-25	53.02	115.72	53.02	115.72	53.02	115.72
	26-30	59.95	119.79	59.95	119.79	59.95	119.79
	31-35	64.90	121.55	64.90	121.55	64.90	121.55
	36-40	68.97	122.65	68.97	122.65	68.97	122.65
	41-45	72.05	122.98	72.05	122.98	72.05	122.98
	46-50	73.70	122.98	73.70	122.98	73.70	122.98
	51-55	76.01	122.98	76.01	122.98	76.01	122.98
	56-60	79.64	122.98	79.64	122.98	79.64	122.98
	61-63	82.28	122.98	82.28	122.98	82.28	122.98
	CHILD (00-17)	200.97	200.97	200.97	200.97	200.97	200.97
Maximum \$50 per visit; \$100 Wellness Exam Benefit per Policy Year; \$500 Maximum Benefit per Policy Year	18-25	107.80	235.51	107.80	235.51	107.80	235.51
	26-30	122.10	243.65	122.10	243.65	122.10	243.65
	31-35	132.11	247.17	132.11	247.17	132.11	247.17
	36-40	140.47	249.48	140.47	249.48	140.47	249.48
	41-45	146.74	250.25	146.74	250.25	146.74	250.25
	46-50	150.04	250.25	150.04	250.25	150.04	250.25
	51-55	154.55	250.25	154.55	250.25	154.55	250.25
	56-60	162.25	250.25	162.25	250.25	162.25	250.25
	61-63	167.31	250.25	167.31	250.25	167.31	250.25
	CHILD (00-17)	302.28	302.28	302.28	302.28	302.28	302.28
	18-25	162.36	354.20	162.36	354.20	162.36	354.20
Maximum \$75 per visit; \$150 Wellness Exam Benefit per Policy Year; \$750 Maximum Benefit per Policy Year	26-30	183.81	366.52	183.81	366.52	183.81	366.52
	31-35	198.88	372.02	198.88	372.02	198.88	372.02
	36-40	211.42	375.54	211.42	375.54	211.42	375.54
	41-45	220.88	376.53	220.88	376.53	220.88	376.53
	46-50	225.94	376.53	225.94	376.53	225.94	376.53
	51-55	232.87	376.53	232.87	376.53	232.87	376.53
	56-60	244.09	376.53	244.09	376.53	244.09	376.53
	61-63	251.46	376.53	251.46	376.53	251.46	376.53

These rates will be discounted 10% when husband and wife are covered under the same policy

### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)



# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

NEW PRODUCT FILING

ARKANSAS

## Proposed Annual Premium Rates

Doctor Office Visit Benefit - Copay	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
	CHILD (00-17)	323.95	323.95	323.95	323.95	323.95	323.95
\$35 Primary Care Physician Copay	18-25	174.90	379.72	174.90	379.72	174.90	379.72
\$35 Specialist Copay	26-30	197.67	392.59	197.67	392.59	197.67	392.59
\$200 Maximum Benefit per visit	31-35	213.73	398.53	213.73	398.53	213.73	398.53
\$500 Maximum Benefit per Policy Year	36-40	227.04	402.38	227.04	402.38	227.04	402.38
	41-45	237.27	403.59	237.27	403.59	237.27	403.59
	46-50	242.77	403.59	242.77	403.59	242.77	403.59
	51-55	249.92	403.59	249.92	403.59	249.92	403.59
	56-60	261.47	403.59	261.47	403.59	261.47	403.59
	61-63	268.73	403.59	268.73	403.59	268.73	403.59
	CHILD (00-17)	455.84	455.84	455.84	455.84	455.84	455.84
\$35 Primary Care Physician Copay	18-25	247.39	534.71	247.39	534.71	247.39	534.71
\$35 Specialist Copay	26-30	278.96	552.20	278.96	552.20	278.96	552.20
\$200 Maximum Benefit per visit	31-35	301.73	560.78	301.73	560.78	301.73	560.78
\$1,000 Maximum Benefit per Policy Year	36-40	320.21	566.17	320.21	566.17	320.21	566.17
	41-45	334.62	567.93	334.62	567.93	334.62	567.93
	46-50	342.54	567.93	342.54	567.93	342.54	567.93
	51-55	352.22	567.93	352.22	567.93	352.22	567.93
	56-60	367.73	567.93	367.73	567.93	367.73	567.93
	61-63	376.86	567.93	376.86	567.93	376.86	567.93
	CHILD (00-17)	309.32	309.32	309.32	309.32	309.32	309.32
\$25 Primary Care Physician Copay	18-25	166.98	362.67	166.98	362.67	166.98	362.67
\$50 Specialist Copay	26-30	188.76	374.88	188.76	374.88	188.76	374.88
\$200 Maximum Benefit per visit	31-35	204.16	380.60	204.16	380.60	204.16	380.60
\$500 Maximum Benefit per Policy Year	36-40	216.81	384.23	216.81	384.23	216.81	384.23
	41-45	226.60	385.33	226.60	385.33	226.60	385.33
	46-50	231.77	385.33	231.77	385.33	231.77	385.33
	51-55	238.59	385.33	238.59	385.33	238.59	385.33
	56-60	249.59	385.33	249.59	385.33	249.59	385.33
	61-63	256.52	385.33	256.52	385.33	256.52	385.33
	CHILD (00-17)	435.38	435.38	435.38	435.38	435.38	435.38
\$25 Primary Care Physician Copay	18-25	236.39	510.73	236.39	510.73	236.39	510.73
\$50 Specialist Copay	26-30	266.53	527.45	266.53	527.45	266.53	527.45
\$200 Maximum Benefit per visit	31-35	288.20	535.59	288.20	535.59	288.20	535.59
\$1,000 Maximum Benefit per Policy Year	36-40	305.91	540.87	305.91	540.87	305.91	540.87
	41-45	319.66	542.52	319.66	542.52	319.66	542.52
	46-50	327.25	542.52	327.25	542.52	327.25	542.52
	51-55	336.38	542.52	336.38	542.52	336.38	542.52
	56-60	351.12	542.52	351.12	542.52	351.12	542.52
	61-63	360.03	542.52	360.03	542.52	360.03	542.52

These rates will be discounted 10% when husband and wife are covered under the same policy

### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

NEW PRODUCT FILING

ARKANSAS

## Proposed Annual Premium Rates

Outpatient Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
	CHILD (00-17)	49.72	49.72	55.55	55.55	58.52	58.52
\$0 Deductible	18-25	45.21	72.38	50.05	80.30	52.36	83.93
\$50 Maximum Benefit	26-30	49.17	81.62	54.23	90.75	56.54	95.04
	31-35	50.38	92.51	55.88	103.18	58.74	108.57
	36-40	53.02	100.65	59.51	112.97	62.92	119.35
	41-45	56.32	105.49	63.47	118.91	67.54	126.39
	46-50	58.63	106.59	66.66	120.45	71.17	128.15
	51-55	62.04	106.70	70.29	120.45	74.69	128.15
	56-60	66.66	106.70	74.47	120.45	77.22	128.15
	61-63	70.73	107.03	76.01	120.45	78.32	128.15

These rates will be discounted 10% when husband and wife are covered under the same policy

### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

NEW PRODUCT FILING

ARKANSAS

## Proposed Annual Premium Rates

Outpatient Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$0 Deductible \$150 Maximum Benefit	CHILD (00-17)	135.85	135.85	152.57	152.57	161.81	161.81
	18-25	123.75	198.44	137.94	221.32	144.76	232.76
	26-30	134.42	223.74	148.94	250.36	155.98	263.45
	31-35	137.94	253.44	154.00	284.35	162.69	300.96
	36-40	145.20	275.44	164.01	310.97	174.46	330.44
	41-45	154.11	288.53	175.01	327.03	187.44	349.58
	46-50	160.93	291.39	183.81	331.10	197.34	354.31
	51-55	170.06	291.61	193.49	331.21	206.58	354.31
	56-60	182.38	291.72	204.27	331.21	212.30	354.31
	61-63	192.83	292.27	208.34	331.21	214.94	354.31
	CHILD (00-17)	168.19	168.19	189.20	189.20	200.86	200.86
	18-25	153.34	245.85	171.05	274.67	179.74	289.08
\$0 Deductible \$200 Maximum Benefit	26-30	166.43	277.31	184.58	310.64	193.60	327.25
	31-35	170.83	314.05	191.07	352.77	202.07	373.89
	36-40	179.85	341.22	203.50	385.66	216.59	410.30
	41-45	191.07	357.39	217.14	405.57	232.76	434.06
	46-50	199.43	360.91	228.03	410.52	245.08	439.78
	51-55	210.65	361.13	240.02	410.63	256.41	439.78
	56-60	225.83	361.24	253.22	410.63	263.23	439.78
	61-63	238.59	361.79	258.17	410.63	266.42	439.78
	CHILD (00-17)	201.08	201.08	226.93	226.93	241.56	241.56
	18-25	183.48	294.58	205.26	330.00	216.26	348.37
	26-30	199.10	332.20	221.43	373.34	232.76	394.24
	31-35	204.49	376.20	229.35	423.83	243.32	450.45
\$0 Deductible \$250 Maximum Benefit	36-40	215.38	408.43	244.42	462.99	260.81	493.90
	41-45	228.69	427.46	260.81	486.53	280.50	522.28
	46-50	238.81	431.64	274.01	492.36	295.24	528.88
	51-55	252.12	431.86	287.98	492.47	308.44	528.88
	56-60	270.05	431.97	303.27	492.47	315.70	528.88
	61-63	285.01	432.30	309.10	492.47	319.33	528.88
	CHILD (00-17)	226.27	226.27	255.31	255.31	271.70	271.70
	18-25	206.47	331.43	230.89	371.36	243.32	391.93
	26-30	223.96	373.78	249.15	420.09	261.91	443.63
	31-35	230.01	423.17	258.06	476.96	273.68	506.77
	36-40	242.33	459.58	275.00	520.96	293.48	555.72
	41-45	257.40	481.03	293.48	547.47	315.59	587.62
\$0 Deductible \$300 Maximum Benefit	46-50	268.73	485.65	308.22	553.96	332.20	594.99
	51-55	283.69	485.87	324.06	554.07	347.05	594.99
	56-60	303.93	485.98	341.22	554.07	355.19	594.99
	61-63	320.65	486.42	347.82	554.07	359.26	594.99
	CHILD (00-17)	272.80	272.80	308.22	308.22	328.46	328.46
	18-25	249.04	399.96	278.96	448.80	294.25	474.32
	26-30	270.05	451.11	300.74	507.65	316.58	536.91
	31-35	277.42	510.62	311.74	576.29	331.10	613.25
	36-40	292.38	554.18	332.20	629.20	355.08	672.21
	41-45	310.53	579.92	354.64	661.10	381.92	710.71
	46-50	324.28	585.42	372.46	668.69	401.94	719.29
	51-55	342.21	585.75	391.27	668.91	419.54	719.29
\$0 Deductible \$400 Maximum Benefit	56-60	366.41	585.86	411.73	668.91	428.78	719.29
	61-63	386.32	586.19	419.54	668.91	433.62	719.29

These rates will be discounted 10% when husband and wife are covered under the same policy

### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

### NEW PRODUCT FILING

#### ARKANSAS

#### Proposed Annual Premium Rates

Outpatient Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$0 Deductible \$500 Maximum Benefit	CHILD (00-17)	349.80	349.80	395.67	395.67	422.18	422.18
	18-25	319.55	513.26	358.16	576.62	378.18	609.95
	26-30	346.39	578.93	386.10	652.30	406.78	690.47
	31-35	355.96	655.27	400.29	740.30	425.70	788.59
	36-40	375.10	711.04	426.69	808.06	456.61	864.16
	41-45	398.42	743.82	455.51	848.76	491.15	913.44
	46-50	416.13	750.86	478.50	858.55	516.89	924.33
	51-55	439.01	751.30	502.48	858.66	539.11	924.33
	56-60	469.92	751.30	528.33	858.66	550.44	924.33
	61-63	495.33	751.63	538.34	858.66	556.49	924.33
	CHILD (00-17)	470.03	470.03	532.51	532.51	569.14	569.14
\$0 Deductible \$750 Maximum Benefit	18-25	429.55	690.47	482.35	777.15	509.96	823.35
	26-30	465.41	778.91	519.75	879.12	548.46	932.03
	31-35	478.61	881.32	539.22	997.59	574.31	1,064.36
	36-40	504.46	956.01	574.86	1,088.34	616.11	1,165.78
	41-45	535.81	999.79	613.80	1,142.79	662.97	1,232.00
	46-50	559.68	1,009.03	644.71	1,155.55	697.51	1,246.08
	51-55	590.26	1,009.58	676.50	1,155.77	726.77	1,246.08
	56-60	631.40	1,009.58	710.60	1,155.77	740.74	1,246.08
	61-63	665.06	1,009.58	723.91	1,155.77	748.66	1,246.08
	CHILD (00-17)	565.95	565.95	641.74	641.74	686.51	686.51
	18-25	517.33	831.93	581.46	937.31	615.34	993.96
\$0 Deductible \$1,000 Maximum Benefit	26-30	560.45	938.52	626.45	1,060.40	661.54	1,125.19
	31-35	576.40	1,061.61	650.10	1,202.96	693.11	1,284.69
	36-40	607.64	1,151.37	693.11	1,312.08	743.60	1,406.79
	41-45	645.48	1,203.84	740.19	1,377.42	800.25	1,486.43
	46-50	674.30	1,214.95	777.37	1,392.60	841.94	1,503.04
	51-55	710.93	1,215.61	815.54	1,392.82	876.70	1,503.04
	56-60	760.21	1,215.61	855.91	1,392.82	892.65	1,503.04
	61-63	800.47	1,215.61	871.97	1,392.82	902.00	1,503.04
	CHILD (00-17)	646.58	646.58	734.03	734.03	786.06	786.06
	18-25	591.25	951.28	665.28	1,073.05	704.77	1,139.16
	26-30	640.42	1,073.16	716.54	1,213.96	757.46	1,289.53
\$0 Deductible \$1,250 Maximum Benefit	31-35	658.79	1,213.74	743.93	1,376.98	793.98	1,472.24
	36-40	694.54	1,315.93	793.21	1,501.28	851.95	1,611.50
	41-45	737.88	1,375.55	847.22	1,575.75	917.07	1,702.36
	46-50	770.88	1,388.09	889.68	1,592.69	964.59	1,720.95
	51-55	812.68	1,388.97	932.91	1,593.02	1,003.86	1,720.95
	56-60	868.56	1,388.97	978.56	1,593.02	1,020.80	1,720.95
	61-63	914.10	1,388.97	996.71	1,593.02	1,031.36	1,720.95
	CHILD (00-17)	714.45	714.45	811.91	811.91	870.43	870.43
	18-25	653.62	1,052.04	736.23	1,188.11	780.67	1,262.47
	26-30	707.74	1,186.90	792.66	1,344.09	838.75	1,429.12
	31-35	728.31	1,342.11	823.35	1,524.27	879.56	1,631.41
\$0 Deductible \$1,500 Maximum Benefit	36-40	767.91	1,454.64	877.91	1,661.22	943.91	1,785.08
	41-45	815.87	1,520.20	937.75	1,743.28	1,016.29	1,885.51
	46-50	852.50	1,533.95	984.83	1,761.76	1,068.76	1,905.53
	51-55	898.37	1,534.83	1,032.13	1,762.09	1,111.44	1,905.53
	56-60	959.75	1,534.83	1,081.85	1,762.09	1,129.15	1,905.53
	61-63	1,009.58	1,534.83	1,101.87	1,762.09	1,140.48	1,905.53

These rates will be discounted 10% when husband and wife are covered under the same policy

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

### NEW PRODUCT FILING

#### ARKANSAS

#### Proposed Annual Premium Rates

Outpatient Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$100 Deductible \$150 Maximum Benefit	CHILD (00-17)	98.45	98.45	111.32	111.32	118.69	118.69
	18-25	89.87	144.43	100.76	162.14	106.37	171.60
	26-30	97.46	162.91	108.57	183.48	114.40	194.15
	31-35	100.10	184.36	112.64	208.23	119.68	221.76
	36-40	105.49	199.98	120.01	227.26	128.37	243.10
	41-45	112.09	209.22	128.15	238.81	138.16	256.96
	46-50	117.04	211.20	134.64	241.45	145.42	260.04
	51-55	123.53	211.31	141.35	241.56	151.69	260.04
	56-60	132.22	211.42	148.61	241.56	154.88	260.04
	61-63	139.37	211.42	151.47	241.56	156.53	260.04
	CHILD (00-17)	125.07	125.07	141.46	141.46	150.92	150.92
\$100 Deductible \$200 Maximum Benefit	18-25	114.18	183.48	128.04	206.14	135.19	218.02
	26-30	123.75	206.91	138.05	233.20	145.42	246.84
	31-35	127.16	234.19	143.11	264.66	152.13	281.93
	36-40	134.09	254.10	152.57	288.86	163.24	308.88
	41-45	142.45	265.87	162.80	303.38	175.56	326.59
	46-50	148.72	268.40	171.05	306.90	184.80	330.44
	51-55	156.86	268.51	179.63	306.90	192.72	330.44
	56-60	167.97	268.51	188.87	306.90	196.68	330.44
	61-63	176.99	268.62	192.39	306.90	198.88	330.44
	CHILD (00-17)	149.38	149.38	169.18	169.18	180.73	180.73
	18-25	136.51	219.34	153.23	246.84	161.92	261.47
\$100 Deductible \$250 Maximum Benefit	26-30	147.84	247.39	165.11	279.18	174.13	296.01
	31-35	152.02	279.95	171.27	316.80	182.38	338.03
	36-40	160.27	303.71	182.60	345.73	195.69	370.26
	41-45	170.28	317.68	194.92	363.00	210.54	391.27
	46-50	177.76	320.54	204.71	367.07	221.54	395.78
	51-55	187.55	320.76	214.94	367.18	230.89	395.78
	56-60	200.64	320.76	225.72	367.18	235.29	395.78
	61-63	211.31	320.76	230.01	367.18	237.82	395.78
	CHILD (00-17)	171.27	171.27	194.04	194.04	207.46	207.46
	18-25	156.53	251.68	175.78	283.36	185.90	300.30
	26-30	169.62	283.91	189.42	320.54	199.98	339.90
\$100 Deductible \$300 Maximum Benefit	31-35	174.35	321.09	196.57	363.66	209.44	388.08
	36-40	183.81	348.37	209.55	396.66	224.62	425.04
	41-45	195.25	364.21	223.74	416.46	241.78	449.24
	46-50	203.94	367.62	234.96	421.08	254.32	454.30
	51-55	215.05	367.84	246.62	421.19	264.99	454.30
	56-60	230.01	367.84	258.94	421.19	269.94	454.30
	61-63	242.22	367.84	263.78	421.19	272.80	454.30
	CHILD (00-17)	209.88	209.88	238.15	238.15	254.87	254.87
	18-25	191.95	308.77	215.82	348.04	228.47	369.27
	26-30	207.90	348.26	232.54	393.69	245.63	418.00
	31-35	213.84	393.91	241.34	446.60	257.40	477.18
\$100 Deductible \$400 Maximum Benefit	36-40	225.39	427.13	257.29	486.97	276.21	522.50
	41-45	239.47	446.60	274.78	511.28	297.33	551.98
	46-50	250.25	450.67	288.64	516.78	312.73	558.14
	51-55	263.78	450.89	302.72	516.89	325.49	558.14
	56-60	281.93	450.89	317.57	516.89	331.21	558.14
	61-63	296.89	450.89	323.51	516.89	334.73	558.14

These rates will be discounted 10% when husband and wife are covered under the same policy

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

### NEW PRODUCT FILING

#### ARKANSAS

#### Proposed Annual Premium Rates

Outpatient Expense Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$100 Deductible \$500 Maximum Benefit	CHILD (00-17)	242.88	242.88	275.77	275.77	295.35	295.35
	18-25	222.09	357.39	250.03	403.26	264.88	428.12
	26-30	240.57	403.26	269.28	456.17	284.57	484.55
	31-35	247.50	456.06	279.51	517.44	298.32	553.19
	36-40	260.92	494.34	298.10	564.08	320.10	605.55
	41-45	277.20	516.78	318.34	592.02	344.63	639.76
	46-50	289.63	521.51	334.29	598.40	362.45	646.69
	51-55	305.36	521.84	350.57	598.51	377.19	646.69
	56-60	326.26	521.84	367.62	598.51	383.57	646.69
	61-63	343.42	521.84	374.44	598.51	387.53	646.69
	CHILD (00-17)	345.62	345.62	392.81	392.81	421.19	421.19
	18-25	316.14	508.97	356.18	574.86	377.74	610.94
\$100 Deductible \$750 Maximum Benefit	26-30	342.32	574.20	383.46	650.32	405.79	691.57
	31-35	352.33	649.22	398.31	737.44	425.59	789.47
	36-40	371.47	703.56	424.71	803.77	456.72	863.83
	41-45	394.68	735.35	453.75	843.37	491.81	912.34
	46-50	412.39	741.95	476.52	852.28	517.22	922.02
	51-55	434.50	742.39	499.29	852.50	537.79	922.02
	56-60	464.20	742.39	523.38	852.50	546.26	922.02
	61-63	488.29	742.39	532.95	852.50	551.76	922.02
	CHILD (00-17)	426.80	426.80	485.65	485.65	521.18	521.18
	18-25	390.61	629.09	440.55	711.37	467.61	756.69
	26-30	422.84	709.72	474.21	804.76	502.26	856.57
	31-35	435.27	802.34	492.69	912.45	527.01	977.68
\$100 Deductible \$1,000 Maximum Benefit	36-40	459.03	869.33	525.36	993.96	565.62	1,069.42
	41-45	487.74	908.27	561.33	1,042.80	609.07	1,129.26
	46-50	509.63	916.41	589.38	1,053.69	640.42	1,140.92
	51-55	536.91	916.96	617.43	1,053.91	665.50	1,140.92
	56-60	573.32	916.96	646.69	1,053.91	675.18	1,140.92
	61-63	602.80	916.96	658.57	1,053.91	681.89	1,140.92
	CHILD (00-17)	495.66	495.66	564.52	564.52	606.54	606.54
	18-25	453.75	731.17	512.27	827.75	544.28	881.54
	26-30	491.04	824.89	551.32	936.43	584.54	997.92
	31-35	505.67	932.36	573.10	1,061.50	613.69	1,138.72
	36-40	533.28	1,009.80	611.16	1,155.99	658.68	1,245.09
	41-45	566.72	1,054.90	653.07	1,212.53	709.50	1,314.61
\$100 Deductible \$1,250 Maximum Benefit	46-50	592.24	1,064.25	685.63	1,224.85	745.80	1,327.70
	51-55	623.70	1,064.80	717.97	1,225.07	774.40	1,327.70
	56-60	665.83	1,064.80	751.41	1,225.07	784.85	1,327.70
	61-63	699.71	1,064.80	765.05	1,225.07	792.44	1,327.70
	CHILD (00-17)	552.42	552.42	629.86	629.86	677.38	677.38
	18-25	506.00	815.65	571.78	924.44	608.08	985.38
	26-30	547.47	920.26	615.23	1,045.77	652.85	1,115.40
	31-35	563.86	1,039.94	639.65	1,185.25	685.63	1,272.70
	36-40	594.77	1,126.07	682.22	1,290.30	736.01	1,391.06
	41-45	632.17	1,176.01	729.08	1,353.11	792.88	1,468.39
	46-50	660.55	1,186.35	765.49	1,366.64	833.36	1,482.58
	51-55	695.53	1,187.01	801.13	1,366.86	864.82	1,482.58
\$100 Deductible \$1,500 Maximum Benefit	56-60	742.17	1,187.01	837.98	1,366.86	875.60	1,482.58
	61-63	779.68	1,187.01	853.16	1,366.86	883.85	1,482.58

These rates will be discounted 10% when husband and wife are covered under the same policy

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

NEW PRODUCT FILING

ARKANSAS

## Proposed Annual Premium Rates

Radiation Therapy Benefit	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
\$5,000 Maximum Benefit	CHILD (00-17)	1.54	1.54	1.54	1.54	1.54	1.54
	18-25	2.42	2.42	2.42	2.42	2.42	2.42
	26-30	3.30	3.30	3.30	3.30	3.30	3.30
	31-35	4.07	4.18	4.07	4.18	4.07	4.18
	36-40	5.06	5.39	5.06	5.39	5.06	5.39
	41-45	6.49	8.36	6.49	8.36	6.49	8.36
	46-50	9.46	12.32	9.46	12.32	9.46	12.32
	51-55	16.06	17.93	16.06	17.93	16.06	17.93
	56-60	24.86	24.42	24.86	24.42	24.86	24.42
	61-63	29.70	25.52	29.70	25.52	29.70	25.52
\$7,500 Maximum Benefit	CHILD (00-17)	2.31	2.31	2.31	2.31	2.31	2.31
	18-25	3.74	3.63	3.74	3.63	3.74	3.63
	26-30	5.06	5.06	5.06	5.06	5.06	5.06
	31-35	6.38	6.49	6.38	6.49	6.38	6.49
	36-40	7.70	8.36	7.70	8.36	7.70	8.36
	41-45	9.90	12.87	9.90	12.87	9.90	12.87
	46-50	14.52	19.03	14.52	19.03	14.52	19.03
	51-55	24.97	27.72	24.97	27.72	24.97	27.72
	56-60	38.50	37.73	38.50	37.73	38.50	37.73
	61-63	45.87	39.38	45.87	39.38	45.87	39.38
\$10,000 Maximum Benefit	CHILD (00-17)	3.19	3.19	3.19	3.19	3.19	3.19
	18-25	5.06	5.17	5.06	5.17	5.06	5.17
	26-30	6.93	7.04	6.93	7.04	6.93	7.04
	31-35	8.69	9.13	8.69	9.13	8.69	9.13
	36-40	10.89	11.88	10.89	11.88	10.89	11.88
	41-45	14.19	18.37	14.19	18.37	14.19	18.37
	46-50	20.68	26.95	20.68	26.95	20.68	26.95
	51-55	34.98	38.83	34.98	38.83	34.98	38.83
	56-60	53.24	52.25	53.24	52.25	53.24	52.25
	61-63	63.25	54.45	63.25	54.45	63.25	54.45

These rates will be discounted 10% when husband and wife are covered under the same policy

### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Policy Form LGSP3

Limited Benefit Hospital, Surgical and Medical Expense Policy

### NEW PRODUCT FILING

#### ARKANSAS

#### Proposed Annual Premium Rates

Other Benefits	Issue Age	Base Rates		Rates with R-LIB25		Rates with R-LIB50	
		Male	Female	Male	Female	Male	Female
Daily Hospital Room and Board Benefit	CHILD (00-17)	8.58	8.58	9.57	9.57	10.01	10.01
	18-25	11.22	9.79	12.32	11.22	12.87	11.88
	26-30	14.19	15.40	15.84	17.05	16.61	17.82
	31-35	19.91	18.70	21.89	20.68	23.10	21.78
	36-40	26.29	23.21	29.15	26.18	30.80	27.83
	41-45	34.21	32.78	37.62	36.85	39.71	39.27
	46-50	41.14	41.36	45.32	46.20	47.85	49.06
	51-55	49.06	46.53	54.12	51.59	57.09	54.45
	56-60	62.81	53.02	68.20	57.53	70.29	59.29
	61-63	76.56	58.96	78.43	63.14	78.43	64.57
Other Miscellaneous Benefits	CHILD (00-17)	7.92	7.92	7.92	7.92	7.92	7.92
	18-25	8.25	7.15	8.25	7.15	8.25	7.15
	26-30	8.80	8.47	8.80	8.47	8.80	8.47
	31-35	9.46	8.91	9.46	8.91	9.46	8.91
	36-40	11.00	10.12	11.00	10.12	11.00	10.12
	41-45	13.31	11.77	13.31	11.77	13.31	11.77
	46-50	15.07	14.52	15.07	14.52	15.07	14.52
	51-55	16.50	17.49	16.50	17.49	16.50	17.49
	56-60	20.79	18.37	20.79	18.37	20.79	18.37
	61-63	25.96	18.48	25.96	18.48	25.96	18.48
Inpatient Physician Expense Benefit - \$35/visit Private Duty Nurse Benefit - \$75/shift Ambulance Benefit - \$200 Refund of Premium upon Accidental Death	CHILD (00-17)	7.92	7.92	7.92	7.92	7.92	7.92
	18-25	8.25	7.15	8.25	7.15	8.25	7.15
	26-30	8.80	8.47	8.80	8.47	8.80	8.47
	31-35	9.46	8.91	9.46	8.91	9.46	8.91
	36-40	11.00	10.12	11.00	10.12	11.00	10.12
	41-45	13.31	11.77	13.31	11.77	13.31	11.77
	46-50	15.07	14.52	15.07	14.52	15.07	14.52
	51-55	16.50	17.49	16.50	17.49	16.50	17.49
	56-60	20.79	18.37	20.79	18.37	20.79	18.37
	61-63	25.96	18.48	25.96	18.48	25.96	18.48
Other Miscellaneous Benefits	CHILD (00-17)	10.45	10.45	10.45	10.45	10.45	10.45
	18-25	10.89	9.57	10.89	9.57	10.89	9.57
	26-30	11.66	11.33	11.66	11.33	11.66	11.33
	31-35	12.54	12.10	12.54	12.10	12.54	12.10
	36-40	14.63	13.75	14.63	13.75	14.63	13.75
	41-45	17.82	15.84	17.82	15.84	17.82	15.84
	46-50	20.02	19.58	20.02	19.58	20.02	19.58
	51-55	22.00	23.54	22.00	23.54	22.00	23.54
	56-60	27.72	24.53	27.72	24.53	27.72	24.53
	61-63	34.87	24.64	34.87	24.64	34.87	24.64
Mandated Benefits	CHILD (00-17)	59.95	59.95	59.95	59.95	59.95	59.95
	18-25	2.97	1.98	2.97	1.98	2.97	1.98
	26-30	2.97	1.98	2.97	1.98	2.97	1.98
	31-35	2.97	1.98	2.97	1.98	2.97	1.98
	36-40	3.08	1.98	3.08	1.98	3.08	1.98
	41-45	3.08	4.07	3.08	4.07	3.08	4.07
	46-50	3.08	4.07	3.08	4.07	3.08	4.07
	51-55	3.08	4.07	3.08	4.07	3.08	4.07
	56-60	3.08	3.96	3.08	3.96	3.08	3.96
	61-63	3.08	3.96	3.08	3.96	3.08	3.96

These rates will be discounted 10% when husband and wife are covered under the same policy

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)



# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Rider Form R-LCAN

### Cancer Rider

#### ARKANSAS

#### Proposed Annual Premium Rates Per Unit

Benefit Type	Issue Age	Proposed Rates	
		Male	Female
<b>Cancer</b> 1 Unit = \$10,000 Lump Sum	CHILD (00-17)	\$22.00	\$22.00
	18-25	22.00	33.00
	26-30	22.00	55.00
	31-35	22.00	66.00
	36-40	33.00	77.00
	41-45	55.00	99.00
	46-50	99.00	121.00
	51-55	132.00	143.00
	56-60	176.00	165.00
	61-63	231.00	198.00

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

Rider Form R-LCIX

Critical Illness Rider

## ARKANSAS

### Proposed Annual Premium Rates Per Unit

Benefit Type	Issue Age	Proposed Rates	
		Male	Female
<b>Critical Illness (Excluding Cancer)</b> 1 Unit = \$10,000 Lump Sum	CHILD (00-17)	N/A	N/A
	18-25	\$11.00	\$11.00
N/A - Not Available	26-30	11.00	11.00
	31-35	22.00	22.00
	36-40	33.00	33.00
	41-45	55.00	55.00
	46-50	88.00	88.00
	51-55	121.00	121.00
	56-60	187.00	187.00
	61-63	253.00	253.00

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

## Rider Form R-LACC2

### Accident Rider

#### ARKANSAS

#### Proposed Annual Premium Rates Per Unit

Benefit Type	Issue Age	Proposed Rates	
		Male	Female
<b>Accident</b>	CHILD (00-17)	\$27.50	\$27.50
1 unit =	18-25	27.50	27.50
\$10,000 accidental death benefit;	26-30	27.50	27.50
Scheduled amount for specific injuries;	31-35	27.50	27.50
\$250 per week hospital benefit (\$6,250 maximum)	36-40	27.50	27.50
First aid benefit (\$40 maximum)	41-45	27.50	27.50
	46-50	27.50	27.50
	51-55	27.50	27.50
	56-60	27.50	27.50
	61-63	27.50	27.50

#### Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	05/15/2009
<b>Comments:</b>				
<b>Attachment:</b>				
DS-LGSP3.pdf				

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	05/15/2009
<b>Comments:</b>				
<b>Attachment:</b>				
Flesch.pdf				

<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	05/15/2009
<b>Bypass Reason:</b>	The application to be used with this policy and riders is being filed for approval and is attached under the Form Schedule tab.			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	Statement of Variability	<b>Review Status:</b>	Approved-Closed	05/15/2009
<b>Comments:</b>				
<b>Attachment:</b>				
SOV-LGSP3.pdf				

<b>Satisfied -Name:</b>	LGSP3 red line 1	<b>Review Status:</b>	Approved-Closed	05/15/2009
<b>Comments:</b>				
<b>Attachment:</b>				
LGSP3-AR red line1.pdf				

**Review Status:**

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		
<b>Satisfied -Name:</b>	Red line of Child Prev. Health Care Services Benefit	Approved-Closed	05/15/2009

**Comments:**

**Attachment:**

CPHCS benefit red line.pdf



**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085**  
**A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas**

**OUTLINE OF COVERAGE - POLICY FORM LGSP3**

Retain This Form For Your Records.

**LIMITED HOSPITAL, SURGICAL AND MEDICAL EXPENSE COVERAGE**

**Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of the policy for which You, as the proposed insured designated in the application, are applying. This outline of coverage is not the insurance contract and does not alter or modify the terms of the policy. The policy itself will set forth, in detail, the rights and obligations of the parties if Your application is accepted. It is, therefore, important that You **READ YOUR POLICY CAREFULLY** when it is delivered to You!

**Hospital, Surgical and Medical Expense Coverage** - Policies of this category are designed to provide coverage for certain hospital and surgical expenses incurred as a result of a covered Injury or Sickness as defined in the policy. Coverage is provided for daily Hospital room and board, miscellaneous Hospital services, Hospital outpatient services, surgical services, anesthesia services, and other medical services, subject to any limitations, exclusions, deductibles, co-insurance and co-payment requirements set forth in the policy. Benefits provided under this policy are limited, and coverage is not provided for all Hospital, surgical or medical expenses. **While this Outline of Coverage includes deductible and maximum benefit choices associated with [Options 1 – 4], Your policy Benefit Schedule will reflect Your chosen deductible and maximum benefit amounts, as applied for and issued.**

**BENEFITS - Eligible Hospital, Surgical and Medical Expenses.** Benefits listed below are subject to the applicable deductibles, coinsurance and copays, and benefit amounts shown in Your policy Benefit Schedule.

- 1. Daily Hospital Room and Board Benefit** – A benefit is payable for Medically Necessary Hospital room expenses incurred by a Covered Person during a necessary Hospital Stay for any one covered Injury or Sickness up to the Daily Hospital Room and Board Benefit, for up to 2 years.

<b>LGSP3 – [Option 1]</b>	<b>LGSP3 – [Option 2]</b>	<b>LGSP3 – [Option 3]</b>	<b>LGSP3 – [Option 4]</b>
Daily Room & Board Benefit [\$100], [\$200], [\$300] or [\$400]	Daily Room & Board Benefit [\$100], [\$200], [\$300] or [\$400]	Daily Room & Board Benefit [\$400], [\$500], [\$600] or [\$700]	Daily Room & Board Benefit [\$600], [\$700], [\$800], [\$900] or [\$1,000]

- 2. Daily Intensive Care Benefit** – A benefit is payable for Medically Necessary Intensive Care expenses incurred by a Covered Person during a necessary Hospital Stay for any one covered Injury or Sickness, not to exceed the Daily Intensive Care Benefit (2 times the Daily Hospital Room and Board Benefit), for up to 90 days of confinement. This benefit is payable in lieu of the Daily Hospital Room and Board Benefit.

- 3. Miscellaneous Hospital Expense Benefit** – A benefit is payable at the rate of 80% of expenses incurred by a Covered Person in excess of the Hospital Deductible Amount for Medically Necessary care, treatment, services and supplies furnished by the Hospital during a necessary Hospital Stay or furnished by a Hospital or Ambulatory Surgical Center during a necessary outpatient admission for a Surgical Procedure, due to a covered Injury or Sickness. Benefits will not exceed the Miscellaneous Hospital Expense Benefit for all expenses incurred during one or more Hospital Stays or outpatient surgical admissions due to any one covered Injury or Sickness. Only one benefit is payable for a Hospital Stay or outpatient surgical admission, regardless of the number of Injuries or Sicknesses.

<b>LGSP3 – [Option 1]</b>	<b>LGSP3 – [Option 2]</b>	<b>LGSP3 – [Option 3]</b>	<b>LGSP3 – [Option 4]</b>
Deductible [\$250] Benefit [\$2,500]	Deductible [\$500], [\$1,000] or [\$2,500] Benefit [\$7,500] or [\$15,000]	Deductible [\$500], [\$1,000] or [\$2,500] Benefit [\$15,000] or [\$25,000]	Deductible [\$500], [\$1,000], [\$2,500] or [\$5,000]* Benefit [\$25,000], [\$35,000] or [\$50,000] *[\$5,000] Deductible only available with [\$50,000] Benefit

- 4. Surgical Procedure Benefits** – Benefits are payable for one Medically Necessary Surgical Procedure due to a covered Injury or Sickness. Benefits are payable for expenses incurred up to the lesser of the Surgery Conversion Factor stated in the Benefit Schedule multiplied by the Relative Value Units for such procedure or the Surgeon Benefit Limit. The policy pays up to 20% of the Surgeon Benefit for one Assistant Surgeon and up to 25% of the Surgeon Benefit for one anesthesiologist.

LGSP3 – [Option 1]	LGSP3 – [Option 2]	LGSP3 – [Option 3]	LGSP3 – [Option 4]
Surgeon Benefit Limit [\$1,500]	Surgeon Benefit Limit [\$3,000] or [\$5,000]	Surgeon Benefit Limit [\$5,000] or [\$7,500]	Surgeon Benefit Limit [\$7,500] or [\$10,000]

- 5. Radiation Therapy Benefit** – A benefit is payable for expenses incurred by a Covered Person for Medically Necessary Radiation Therapy treatment provided for any one covered Injury or Sickness at a Hospital or Doctor's office, up to the Radiation Therapy Benefit.

LGSP3 – [Option 1]	LGSP3 – [Option 2]	LGSP3 – [Option 3]	LGSP3 – [Option 4]
Radiation Therapy Benefit [\$5,000]	Radiation Therapy Benefit [\$5,000]	Radiation Therapy Benefit [\$7,500]	Radiation Therapy Benefit [\$10,000]

- 6. Private Duty Nurse Benefit** – A benefit is payable for expenses incurred by a Covered Person for Medically Necessary full-time care and attendance of a private duty licensed nurse during a necessary Hospital Stay due to a covered Injury or Sickness, up to the Private Duty Nurse Benefit. A benefits is payable for each 8 hour shift, up to 2 shifts per day, not to exceed 180 shifts per Injury or Sickness.

LGSP3 – [Option 1]	LGSP3 – [Option 2]	LGSP3 – [Option 3]	LGSP3 – [Option 4]
Private Duty Nurse Benefit [\$75]	Private Duty Nurse Benefit [\$75]	Private Duty Nurse Benefit [\$85]	Private Duty Nurse Benefit [\$100]

- 7. Ambulance Benefit** – A benefit is payable for expenses incurred by a Covered Person for Medically Necessary ambulance service to or from a Hospital due to a covered Injury or Sickness, not to exceed [\$200]. Only one benefit will be payable for any one Injury or Sickness.

- 8. Inpatient Physician Expense Benefit** – A Benefit is payable for expenses incurred by a Covered Person for Medically Necessary care, treatment and services provided by a Physician during a necessary Hospital Stay for a covered Injury or Sickness. Only one Inpatient Physician Expense Benefit will be paid per day. The benefit shall not exceed the Inpatient Physician Expense Maximum stated in the Benefit Schedule for any one Injury or Sickness. For an Injury or Sickness requiring a surgical procedure, we will pay only one benefit, the greater of the Surgeon Benefit or the total of the Inpatient Physician Expense Benefit otherwise payable plus any payable Doctor Office Visit Benefit.

LGSP3 – [Option 1]	LGSP3 – [Option 2]	LGSP3 – [Option 3]	LGSP3 – [Option 4]
Inpatient Physician Expense Benefit [\$35]	Inpatient Physician Expense Benefit [\$35]	Inpatient Physician Expense Benefit [\$35]	Inpatient Physician Expense Benefit [\$50]

- 9. Doctor Office Visit Benefit** – If no copay is selected, benefits are payable at the rate of 80% of expenses incurred up to the amount of the Doctor Office Visit Benefit for Medically Necessary outpatient treatment by a Doctor at the Doctor's office, clinic, Hospital (on an outpatient basis), or Your residence due to a covered Injury or Sickness. If a copay is selected, benefits are payable at 100% of expenses incurred up to [\$200] in excess of the copay per visit up to the Yearly Maximum. For any one Injury or Sickness requiring a Surgical Procedure, We will pay only one benefit, the greater of the Surgeon Benefit or the total of the Doctor Office Visit Benefit otherwise payable plus any Inpatient Physician Expense Benefit.



LGSP3 – [Option 1]	LGSP3 – [Option 2]	LGSP3 – [Option 3]	LGSP3 – [Option 4]
[\$25] Doctor Office Visit Benefit with [\$250] Yearly Maximum	[\$25] Doctor Office Visit Benefit with [\$250] Yearly Maximum or [\$50] Doctor Office Visit Benefit with [\$500] Yearly Maximum	[\$50] Doctor Office Visit Benefit with [\$500] Yearly Maximum, [\$75] Doctor Office Visit Benefit with [\$750] Yearly Maximum, [or] [[35] Copay with [\$500] Yearly Maximum or [35] Copay with Yearly Maximum of [6] Visits]	[\$75] Doctor Office Visit Benefit with [\$750] Yearly Maximum, [35] Copay with [\$500] Yearly Maximum, [or] [[35] Copay with [\$1,000] Yearly Maximum or [[35] Copay with Yearly Maximum of [6] Visits]

**10. Outpatient Expense Benefit** - We will pay a benefit at the rate of 80% of expenses incurred by a Covered Person (in excess of the Outpatient Deductible Amount stated in the Benefit Schedule) for Medically Necessary outpatient services and treatment including outpatient Hospital expense, diagnostic imaging and laboratory tests, due to a covered Injury or Sickness. We will not pay more than the Outpatient Expense Benefit shown in the Benefit Schedule for all such expenses incurred in relation to any one Injury or Sickness.

LGSP3 – [Option 1]	LGSP3 – [Option 2]	LGSP3 – [Option 3]	LGSP3 – [Option 4]
Outpatient Expense Benefit [\$50]	Outpatient Expense Benefit [\$250] or [\$500]	Outpatient Expense Benefit [\$500], [\$750] or [\$1,000]	Outpatient Expense Benefit [\$1,000], [\$1,250] or [\$1,500]

**11. Refund of Premiums for Loss of Life from Accidental Injury** - We will refund the premiums paid for Your individual coverage under this policy if You die due to an Injury while Your coverage is in force or effect. We will refund to You the premiums paid under this policy for the coverage of a covered Family Member if that member dies due to an Injury while their coverage is in force or effect. Death must occur within 180 days of the Injury.

**12. YOUR POLICY MAY CONTAIN OTHER BENEFITS MANDATED BY YOUR STATE. REFER TO PART 12 OF YOUR POLICY.**

#### PRE-EXISTING CONDITION LIMITATION

Any medical condition, illness, disease, disorder, or injury for which a Covered Person received treatment or medical advice, or for which symptoms existed that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment, within the 12 - month period prior to the policy effective date will not be covered for the first 12 months following the policy effective date. A pregnancy existing at any time prior to, and which continues to exist as of, the Effective Date of such Covered Person's coverage under the policy, or any medical condition, illness, disease, disorder, or injury listed on Your application which occurred within the 12 month period prior to the policy effective date, will not be covered for the first 12 months following the policy effective date.

#### LIMITATIONS AND EXCLUSIONS

Except to the extent specifically and directly provided elsewhere in this policy to the contrary, We will not pay benefits under this policy for:

1. Normal pregnancy (including childbirth, false labor, occasional spotting, Physician-prescribed rest, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with a difficult pregnancy which do not constitute a distinct complication of pregnancy) or voluntary termination of pregnancy; or
2. Any charges for (1) usual and customary routine nursery care; or (2) well-baby care, immunizations, medical examinations or tests of any kind; or (3) any other usual and customary routine care and treatment following full term or premature birth, not incident and necessary to the treatment of Injury or Sickness; or
3. Convalescent or skilled nursing care in a facility other than a Hospital; educational care; or for nervous or mental disorders; or
4. Any dental treatment (except as necessitated by Injury), hearing aids, or eye refractive exams, surgery or treatment; or
5. Any Hospital Stay, Intensive Care unit admission, or other care, treatment, services, or supplies for which You or a covered Family Member do not incur a charge; or
6. Any Hospital Stay, Intensive Care unit admission, or other care, treatment, services, or supplies that are not Medically Necessary for diagnosis of or for care, treatment, or services resulting from an Injury or Sickness; or
7. Any cosmetic or elective procedures and any related complications; or

8. Any expense incurred in excess of the usual, customary, and reasonable charges for any care, treatment, service, or supply in the geographic area where furnished; or
9. Professional radiological, pathological or EKG interpretations during a Hospital Stay; or
10. Any rehabilitative care or services received at a facility not meeting the definition of a Hospital; or
11. Any care, treatment, services, or supplies received outside of the U.S. boundaries or territories; or
12. Any Infertility care, treatment or services; or sterilization or reversal of sterilization procedures; or
13. Any medical condition, illness, disease, or disorder that first manifests itself before the effective date of the policy; or
14. Any care, treatment, services, or supplies for obesity or morbid obesity, including but not limited to, gastric banding ("lapband"), vertical banded gastroplasty, Roux-en-Y gastric bypass, DISTAL gastric bypass (duodenal switch, biliopancreatic diversion), or stomach stapling procedures, even if the Covered Person has a health condition or conditions that might be benefited thereby; or
15. Any care, treatment, services, or supplies for drug abuse or addiction, including alcoholism or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a Physician; or any loss caused directly or indirectly, wholly or partially, or contributed to by or as a result of any Covered Person being under the influence of an intoxicant or a narcotic; or
16. Suicide, or treatment of an attempted suicide, or any intentionally self-inflicted injury, while sane or insane.

#### **TERMINATION OF COVERAGE FOR CHILDREN**

Coverage on Your child terminates when such child marries. Coverage also terminates on the policy anniversary date following Your child's 25th birthday, unless such child is still dependent on You due to a physical or mental handicap. To retain coverage for such child, You must furnish Us with proof of the handicap within 31 days of the termination date.

#### **RENEWAL AGREEMENT**

You can continue the policy in force for successive renewal terms of 1 month, 3 months, 6 months, or 12 months by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under Our applicable table of premium rates that is in effect on the respective due dates of the premiums. We have the right to change the renewal premiums for the policy when We change, and in accordance with, Our table of premium rates applicable to all policies of this form and class. Class is based on benefit amounts, persons covered under the policy, state of issue, age at issue, gender, underwriting group and geographic rating area. We also have the right to change the renewal premiums for this policy when the persons covered under the policy change, in accordance with the table of premium rates applicable to all policies of this form and class.

A grace period of 31 days will be granted for the payment of each renewal premium. The policy will stay in force during the grace period.

#### **PREMIUM**

Your estimated premium for the policy applied for is \$ \_\_\_\_\_ monthly, \$ \_\_\_\_\_ quarterly, \$ \_\_\_\_\_ semi-annually, or \$ \_\_\_\_\_ annually. The actual premium rate is subject to approval by the Company and will be reflected in the Policy Schedule, in the event a policy is issued to You.

A one time registration fee of \$ \_\_\_\_\_ applies.

CERTIFICATION

This is to certify that the attached Policy Form LGSP3 has achieved a Flesch Reading Ease Score of 50.06 and complies with the requirements of Arkansas Stat. Ann. SS66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Michael J. Gaisbauer, Vice President

<u>SUPPLEMENTAL FORMS</u>	<u>SCORE</u>
LUNIV(03) -- Individual Application and LUNIV-ODF -- Supplemental Optional Dependent Form	51.01
R-LCAN(03) -- Cancer Rider Form	51.90
R-LCIX -- Critical Illness Rider Form	51.82
R-LACC2 -- Accident Rider Form	50.50

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**McKinney, Texas**

**Policy Form LGSP3**  
**Limited Benefit Hospital, Surgical and Medical Expense Policy**

**Statement of Variability**

Available Values for bracketed/variable sections of the policy based on proposed rates and/or policy language included in this filing.

Benefit Schedule - Page 1

Part 1 - Daily Hospital Room and Board Benefit

Any multiple of \$100 up to \$1,000

Part 2 - Daily Intensive Care Benefit

Two times the daily hospital room and board benefit

Part 3 - Miscellaneous Hospital Expense Benefit

\$2,500, \$7,500, \$15,000, \$25,000, \$35,000 or \$50,000 maximum benefit

Hospital Deductible Amount

\$250, \$500, \$1,000, \$2,500 or \$5,000

(\$250 Deductible and \$2,500 maximum benefit are only available together;  
\$5,000 Deductible only available with \$50,000 maximum benefit)

Part 4 - Surgeon Benefit Limit

\$1,500; \$3,000; \$5,000; \$7,500 or \$10,000 maximum benefit

Surgery Conversion Factor

If a \$1,500 Surgeon Benefit Limit is selected the surgery conversion factor is 27.

If a \$3,000 Surgeon Benefit Limit is selected the surgery conversion factor is 54.

If a \$5,000 Surgeon Benefit Limit is selected the surgery conversion factor is 90.

If a \$7,500 Surgeon Benefit Limit is selected the surgery conversion factor is 135.

If a \$10,000 Surgeon Benefit Limit is selected the surgery conversion factor is 180.

Part 5 - Radiation Therapy Benefit

\$5,000; \$7,500 or \$10,000

Part 6 - Private Duty Nurse Benefit

\$75; \$85 or \$100

Part 7 - Ambulance Benefit

\$200; Currently, this is the only amount we offer but we may choose to submit rates, for approval, in the future offering a different

benefit amount.

Part 8 - Inpatient Physician Expense Benefit

\$35 or \$50

Inpatient Physician Expense Maximum

\$2,000; Currently, this is the only amount we offer but we may choose to submit rates, for approval, in the future offering a different benefit amount.

Part 9 - Doctor Office Visit Benefit

\$25 Benefit	Doctor Office Visit Benefit..... 80% up to	\$25
\$250 Annual Maximum	Wellness Exam Benefit..... 80% up to	\$50
	Doctor Office Visit Yearly Maximum.....	\$250
\$50 Benefit	Doctor Office Visit Benefit..... 80% up to	\$50
\$500 Annual Maximum	Wellness Exam Benefit..... 80% up to	\$100
	Doctor Office Visit Yearly Maximum.....	\$500
\$75 Benefit	Doctor Office Visit Benefit..... 80% up to	\$75
\$750 Annual Maximum	Wellness Exam Benefit..... 80% up to	\$150
	Doctor Office Visit Yearly Maximum.....	\$750
\$25 Copay with	Doctor Office Visit Benefit..... up to	\$200
\$500 Annual Maximum	Wellness Exam Benefit..... up to	\$200
	Doctor Visit Copay (Primary Care Physician)	\$25
	Doctor Visit Copay (Specialist)	\$50
	Doctor Office Visit Yearly Maximum.....	\$500
\$25 Copay with	Doctor Office Visit Benefit..... up to	\$200
\$1,000 Annual Maximum	Wellness Exam Benefit..... up to	\$200
	Doctor Visit Copay (Primary Care Physician)	\$25
	Doctor Visit Copay (Specialist)	\$50
	Doctor Office Visit Yearly Maximum.....	\$1,000
\$35 Copay with	Doctor Office Visit Benefit..... up to	\$200
\$500 Annual Maximum	Wellness Exam Benefit..... up to	\$200
	Doctor Visit Copay (Primary Care Physician)	\$35
	Doctor Visit Copay (Specialist)	\$35
	Doctor Office Visit Yearly Maximum.....	\$500
\$35 Copay with	Doctor Office Visit Benefit..... up to	\$200
\$1,000 Annual Maximum	Wellness Exam Benefit..... up to	\$200
	Doctor Visit Copay (Primary Care Physician)	\$35
	Doctor Visit Copay (Specialist)	\$35
	Doctor Office Visit Yearly Maximum.....	\$1,000
\$25 Copay with	Doctor Office Visit Benefit..... up to	\$200
6 Visits Per Year	Wellness Exam Benefit..... up to	\$200
	Doctor Visit Copay (Primary Care Physician)	\$25
	Doctor Visit Copay (Specialist)	\$50
	Doctor Office Visit Yearly Maximum.....	6 Visits

\$35 Copay with 6 Visits Per Year	Doctor Office Visit Benefit..... up to	\$200
	Wellness Exam Benefit..... up to	\$200
	Doctor Visit Copay (Primary Care Physician)	\$35
	Doctor Visit Copay (Specialist)	\$35
	Doctor Office Visit Yearly Maximum.....	6 Visits

Part 10 - Outpatient Expense Benefit

\$50, \$250, \$500, \$750, \$1,000, \$1,250 or \$1,500  
(\$50 Benefit only available with \$0 Deductible)

Outpatient Deductible Amount

\$0 or \$100

Policy Schedule - Page 1

Insured

Insured's name as stated on the application

Policy Number

9 character, alpha-numerical policy number

Effective Date

The date that coverage begins

Initial Term Expires On

Shows the date that the policy will expire if the initial premium is the only premium received.

Initial Premium

The modal premium amount selected by the insured at the time of the application. Annual, Semi-Annual, Quarterly and Monthly modes are available.

Additional Benefit Riders - Page 1

Increasing Benefit Rider

Applicable when this benefit is chosen by the insured, it is not printed otherwise.

Critical Illness Benefit Rider

Applicable when this benefit is chosen by the insured, it is not printed otherwise.

Accident Benefit Rider

Applicable when this benefit is chosen by the insured, it is not printed otherwise.

Cancer Benefit Rider

Applicable when this benefit is chosen by the insured, it is not printed otherwise.

## Part 9 - Doctor Office Visit Benefit

Part 9 of the Benefit Schedule on Page 1 of the LGSP3 policy form will reflect the choice the insured has made regarding the Doctor Office Visit Benefit.

Part 9 - Doctor Office Visit Benefit language will reflect the insured's choice and the corresponding policy form language.

### Example 1:

If a \$25, \$50 or \$75 Doctor Office Visit Benefit is selected for Part 9 on Page 1 the corresponding LGSP3 Part 9 policy language will show as follows:

We will pay benefits for expenses incurred by You or a covered Family Member for outpatient care, treatment and services, by a Doctor provided to or for You or a covered Family Member at the Doctor's office, clinic, a Hospital (on an outpatient basis), or at place of residence according to the following:

1. For Medically Necessary care, treatment and services resulting from an Injury or Sickness which does not require a Surgical Procedure, We will pay a benefit at the rate of 80% of the fee charged by the Doctor, but, in no event will the benefit payable for such care, treatment and services be more than the Doctor Office Visit Benefit stated in the Benefit Schedule. Only one Doctor Office Visit Benefit will be paid per day, regardless of the number of Doctors providing care, treatment, and services to or for You or the covered Family Member and regardless of the number of visits during the day.
2. For Medically Necessary care, treatment and services resulting from any one Injury or Sickness which requires a Surgical Procedure, We will pay an amount equal to the greater of the applicable Surgeon Benefit in Part 4 or the total of the benefit in (1) above which would otherwise be payable plus any Inpatient Physician Expense Benefits payable under Part 8; and
3. For a physical wellness exam in the absence of Injury or Sickness, We will pay a benefit at the rate of 80% of the fee charged by the Doctor, but, in no event will the benefit payable for any physical wellness exam performed exceed the Wellness Exam Benefit stated in the Benefit Schedule. Each Covered Person will be entitled to one physical wellness exam per policy year.

The total benefits payable under this Part 9 shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule during any policy year.



Example 2:

If a \$25 or \$35 Copay with a maximum dollar benefit Doctor Office Visit Benefit is selected for Part 9 on Page 1 the corresponding LGSP3 Part 9 policy language will show as follows:

(Differences from Example 1 are underlined)

We will pay benefits for expenses incurred by You or a covered Family Member, in excess of the Doctor Visit Copay stated in the Benefit Schedule, for outpatient care, treatment, and services by a Doctor provided to or for You or a covered Family Member at the Doctor's office, clinic, a Hospital (on an outpatient basis), or at place of residence according to the following:

1. For Medically Necessary care, treatment and services resulting from an Injury or Sickness which does not require a Surgical Procedure, We will pay a benefit at the rate of 100% of the fee charged by the Doctor, in excess of the Doctor Visit Copay, but, in no event will the benefit payable for such care, treatment and services be more than the Doctor Office Visit Benefit stated in the Benefit Schedule. Only one Doctor Office Visit Benefit will be paid per day, regardless of the number of Doctors providing care, treatment, and services to or for You or the covered Family Member and regardless of the number of visits during the day.
2. For Medically Necessary care, treatment and services resulting from any one Injury or Sickness which requires a Surgical Procedure, We will pay an amount equal to the greater of the applicable Surgeon Benefit in Part 4 or the total of the benefit in (1) above which would otherwise be payable plus any Inpatient Physician Expense Benefits payable under Part 8; and
3. For a physical wellness exam in the absence of Injury or Sickness, We will pay a benefit at the rate of 100% of the fee charged by the Doctor, in excess of the Doctor Visit Copay, but, in no event will the benefit payable for any physical wellness exam performed exceed the Wellness Exam Benefit stated in the Benefit Schedule. Each Covered Person will be entitled to one physical wellness exam per policy year.

The total benefits payable under this Part 9 shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule during any policy year.

Example 3:

If a \$25 or \$35 Copay with a maximum number of visits per policy year benefit Doctor Office Visit Benefit is selected for Part 9 on Page 1 will the corresponding LGSP3 Part 9 policy language will show as follows:

(Differences from Example 1 are underlined)

We will pay benefits for expenses incurred by You or a covered Family Member, in excess of the Doctor Visit Copay stated in the Benefit Schedule, for outpatient care, treatment, and services by a Doctor provided to or for You or a covered Family Member at the Doctor's office, clinic, a Hospital (on an outpatient basis), or at place of residence according to the following:

1. For Medically Necessary care, treatment and services resulting from an Injury or Sickness which does not require a Surgical Procedure, We will pay a benefit at the rate of 100% of the fee charged by the Doctor, in excess of the Doctor Visit Copay, but, in no event will the benefit payable for such care, treatment and services be more than the Doctor Office Visit Benefit stated in the Benefit Schedule. Only one Doctor Office Visit Benefit will be paid per day, regardless of the number of Doctors providing care, treatment, and services to or for You or the covered Family Member and regardless of the number of visits during the day.
2. For Medically Necessary care, treatment and services resulting from any one Injury or Sickness which requires a Surgical Procedure, We will pay an amount equal to the greater of the applicable Surgeon Benefit in Part 4 or the total of the benefit in (1) above which would otherwise be payable plus any Inpatient Physician Expense Benefits payable under Part 8; and
3. For a physical wellness exam in the absence of Injury or Sickness, We will pay a benefit at the rate of 100% of the fee charged by the Doctor, in excess of the Doctor Visit Copay, but, in no event will the benefit payable for any physical wellness exam performed exceed the Wellness Exam Benefit stated in the Benefit Schedule. Each Covered Person will be entitled to one physical wellness exam per policy year.

The total number of Doctor visits for which benefits are payable under this Part 9 shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule during any policy year.

LIMITED BENEFIT HOSPITAL, SURGICAL AND MEDICAL EXPENSE POLICY  
GUARANTEED RENEWABLE FOR YOU AND EACH COVERED FAMILY MEMBER AS STATED IN THE RENEWAL  
AGREEMENT. COMPANY CANNOT CANCEL POLICY. COMPANY MAY CHANGE PREMIUM RATES BY CLASS.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085**  
**A Legal Reserve Stock COMPANY \* Administrative Offices: McKinney, Texas**

**30-DAY RIGHT TO EXAMINE POLICY**

If YOU are not satisfied with this policy for any reason, return it to OUR Administrative Offices or to the agent within 30 days after YOU receive it. Any premium YOU paid will be refunded. The policy will be void from the beginning. It will be as if no policy had been issued.

**RENEWAL AGREEMENT**

YOU can continue this policy in force for successive renewal terms of 1 month, 3 months, 6 months, or 12 months by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under OUR applicable table of premium rates that is in effect on the respective due dates of the premiums. WE have the right to change the renewal premiums for this policy when WE change, and in accordance with, OUR table of premium rates applicable to all policies of this form and class. Class is based on benefit amounts, persons covered under the policy, state of issue, age at issue, gender, underwriting group and geographic rating area. WE also have the right to change the renewal premiums for this policy when the persons covered under the policy change, in accordance with the table of premium rates applicable to all policies of this form and class.

**BENEFIT SCHEDULE**

<b>PART 1</b> Daily Hospital Room and Board Benefit . .up to \$ [400.00]	<b>PART 7</b> Ambulance Benefit . . . . . up to \$ [200.00]
<b>PART 2</b> Daily Intensive Care Benefit . . . . . up to \$ [800.00]	<b>PART 8</b> Inpatient Physician Expense Benefit . . up to \$ [35.00]
<b>PART 3</b> Misc. Hospital Expense Benefit . . .80% up to \$ [15,000.00]	Inpatient Physician Expense Maximum . . . . \$ [2,000.00]
Hospital Deductible Amount . . . . . \$ [2,500.00]	<b>PART 9</b> {Doctor Office Visit Benefit . . . . .80% up to \$ [50.00]}
<b>PART 4</b> Surgeon Benefit Limit . . . . . up to \$ [5,000.00]	{Wellness Exam Benefit . . . . .80% up to \$ [100.00]}
Surgery Conversion Factor . . . . . [90]	{Doctor Office Visit Yearly Maximum . . . . . \$ [500.00]}
<b>PART 5</b> Radiation Therapy Benefit . . . . . up to \$ [5,000.00]	<b>PART 10</b> Outpatient Expense Benefit . . . . .80% up to \$ [500.00]
<b>PART 6</b> Private Duty Nurse Benefit . . . . . up to \$ [75.00]	{Outpatient Deductible Amount . . . . . \$ [100.00]}

**POLICY SCHEDULE**

<b>INSURED</b>	<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>INITIAL TERM EXPIRES ON</b>	<b>INITIAL PREMIUM</b>
[John Doe]	12345678	05-01-09	06-01-09	\$100.00]

**ADDITIONAL BENEFIT RIDERS**

[Increasing Benefit Rider], [Critical Illness Rider], [Accident Rider], [Cancer Rider]

---

The Policy Schedule includes premiums for additional benefit riders, if any, unless provided to the contrary in the rider(s).

---

## INSURING CLAUSE

The COMPANY insures YOU against specified losses incurred by a COVERED PERSON. Benefits payable under this policy, subject to all of its provisions, limitations and exclusions, will be paid to YOU or, at OUR option, to the HOSPITAL, PHYSICIAN, or person providing any care, treatment, service, or supply covered by this policy. For the purpose of determining benefits payable for a particular SICKNESS of a COVERED PERSON after the applicable benefit limits for that SICKNESS have been paid by the COMPANY, it shall be considered a new SICKNESS, which is then again covered under this policy, if the COVERED PERSON goes without a PHYSICIAN'S advice or treatment for that particular SICKNESS for a period of 24 consecutive months. OUR obligation to make payment under this policy for any particular SICKNESS or INJURY shall not exceed the amounts disclosed in the Benefit Schedule or described elsewhere in this policy. A benefit will only be due and payable when a COVERED PERSON is obligated to pay a charge that is incurred for any covered care, treatment, service, or supply, or combination thereof, provided to or for a COVERED PERSON while this policy is in force. An expense or charge is incurred on the date the care, treatment, service, or supply is provided.

## PRE-EXISTING CONDITION LIMITATION

This policy does not insure YOU against loss incurred by YOU or a covered FAMILY MEMBER during the 12 months immediately after the effective date of this policy if that loss results from a PRE-EXISTING CONDITION. In addition, any PRE-EXISTING CONDITION listed on the application is not covered for the first 12 months after the policy effective date. Conditions, illnesses, diseases, disorders, or injuries specifically excluded by rider are never covered.

## TABLE OF CONTENTS

	Page		Page
30-Day Right To Examine Policy .....	1	Private Duty Nurse Benefit .....	5
Renewal Agreement .....	1	Ambulance Benefit .....	6
Insuring Clause .....	2	Inpatient Physician Expense Benefit.....	6
Pre-Existing Condition Limitation .....	2	Doctor Office Visit Benefit.....	6
Definitions .....	2	Outpatient Expense Benefit.....	6
Daily Hospital Room And Board Benefit.....	4	Refund Of Premiums For Loss Of Life	
Daily Intensive Care Benefit.....	4	From Accidental Injury .....	7
Miscellaneous Hospital Expense Benefit .....	4	Other Benefits.....	7
Surgical Procedure Benefits.....	5	Limitations and Exclusions .....	10
Radiation Therapy Benefit.....	5	Policy Provisions .....	10

## DEFINITIONS

Where used in this policy:

**ACCIDENT** and **ACCIDENTAL** means that which happens by chance or fortuitously, without intention or design, and which is unexpected, unusual and unforeseen.

**AMBULATORY SURGICAL CENTER** means a freestanding facility, other than a PHYSICIAN'S office, where surgical and diagnostic services are provided on an ambulatory basis.

**CHILD PREVENTIVE HEALTH CARE SERVICES** means PHYSICIAN-delivered or PHYSICIAN-supervised services for covered dependents from birth through eighteen (18) years of age that are provided for PERIODIC PREVENTIVE CARE VISITS, including medical history, physical examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards.

**COVERED PERSON** means YOU or any covered FAMILY MEMBER.

**DIABETES SELF-MANAGEMENT TRAINING** means instruction in an inpatient or outpatient setting which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications. Such instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

**FAMILY MEMBER** means a person who is named in the application for coverage under this policy, other than the Proposed INSURED, or a person who has been added in accordance with the ELIGIBILITY AND INSURED'S TERMINATION provision.

**HOSPITAL** means a medical facility, operated pursuant to law, which: (1) is primarily and continuously engaged in providing medical and diagnostic care for the treatment of sick or injured persons on an acute care inpatient basis under the supervision of one or more licensed PHYSICIANS for which a charge is made; and (2) provides 24-hour nursing service by or under the supervision of a Registered Nurse (R.N.). "HOSPITAL" does not mean a facility or special unit of a facility primarily operated as: (a) a convalescent, skilled nursing, swing bed, or other nursing facility; (b) a facility or special unit of a facility primarily affording

rehabilitative care; or (c) a facility or special unit of a facility primarily affording care or treatment for the aged, or for chemical dependency, alcohol abuse, or mental or nervous disorder.

**HOSPITAL STAY** means one day or more of inpatient confinement within a HOSPITAL, and under the care of a PHYSICIAN, for which a charge for room and board is incurred due to an INJURY or SICKNESS.

**INHERITED METABOLIC DISEASE** means a disease caused by an inherited abnormality of body chemistry.

**INJURY** means accidental bodily injury sustained by a COVERED PERSON which is the direct cause independently of disease, bodily infirmity or other cause of the loss and occurs while the insurance is in force.

**INTENSIVE CARE** means care which is provided within a separate area or unit of a HOSPITAL that has been set aside for care of the critically ill or injured. The area or unit must have special monitoring equipment for the use of PHYSICIANS, nurses or other medical specialists assisting in the unit. INTENSIVE CARE does not include: step-down, isolation, telemetry, or post-intensive care units of a HOSPITAL.

**LOW PROTEIN MODIFIED FOOD PRODUCT** means a food product that is:

1. Specially formulated to have less than one (1) gram of protein per serving; and
2. Intended to be used under the direction of a PHYSICIAN for the dietary treatment of an INHERITED METABOLIC DISEASE.

**MASTECTOMY** means the removal of all or part of the breast for MEDICALLY NECESSARY reasons as determined by a PHYSICIAN who is licensed as a medical doctor or doctor of osteopathy.

**MEDICAL FOOD** means a food that is:

1. Intended for the dietary treatment of a disease or condition for which nutritional requirements are established by recognized scientific principles; and
2. Formulated to be consumed or administered enterally under the direction of a PHYSICIAN.

**MEDICALLY NECESSARY** means:

1. consistent with the symptoms or diagnosis and treatment of YOUR or a covered FAMILY MEMBER'S SICKNESS or INJURY; and
2. appropriate with regard to the standards of good medical practice; and
3. the most appropriate level of service that can be safely provided to YOU or a covered FAMILY MEMBER.

In order to determine that care is MEDICALLY NECESSARY, WE reserve the right to obtain, at OUR expense, a second opinion from a PHYSICIAN who (a) is not an employee or owner of a facility or agency from which YOU or a covered FAMILY MEMBER receive care, and (b) specializes in the condition that is the subject of YOUR claim.

**MENTAL ILLNESS** means psychosis, neurosis or an emotional disorder.

**PERIODIC PREVENTIVE CARE VISITS** means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

**PHYSICIAN** and **DOCTOR** mean a person duly licensed in the United States and duly qualified to provide care, treatment, services, or supplies for the INJURY or SICKNESS that is the subject of YOUR claim, or for the additional conditions or disorders, or diagnostic services, which are specifically covered under PART 12 of this policy, PHYSICIAN or DOCTOR does not include YOU or any member of YOUR household or immediate family. Primary Care Physician (PCP) means a PHYSICIAN who provides basic diagnosis and treatment of common illnesses and medical conditions. A Specialist means a PHYSICIAN who provides diagnosis and treatment for a specific specialty of medicine for which he or she has received additional education, training and experience.

**PRE-EXISTING CONDITION** means any medical condition, illness, disease, disorder, or INJURY for which symptoms existed that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment within the 12-month period immediately prior to the effective date of YOUR or the covered FAMILY MEMBER'S coverage under this policy. It also means any medical condition, illness, disease, disorder, or INJURY for which YOU or the covered FAMILY MEMBER did receive treatment or medical advice during the 12-month period immediately prior to YOUR or the covered FAMILY MEMBER'S effective date of coverage under this policy. Pre-existing condition will include any medical condition, illness, disease, disorder, or INJURY listed on YOUR application for YOU or a covered FAMILY MEMBER, which occurred within the 12-month period immediately prior to the effective date of YOUR or the covered FAMILY MEMBER'S coverage under this policy, irrespective of whether a rider has been issued. It also means a pregnancy existing at any time prior to, and which continues to exist as of, the Effective Date of YOUR or the covered FAMILY MEMBER'S coverage under this policy.

**RADIATION THERAPY** means the treatment of a SICKNESS by application of roentgen rays, radium, ultraviolet, and other radiations.

**RELATIVE VALUE UNITS** means the total unit value of the service, including all three components: PHYSICIAN work, facility practice expense, and professional liability expense, as contained in the national RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS).

**RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS)** means the scale of relative values for medical and surgical procedures that is maintained and updated by the Centers for Medicare and Medicaid Services with input from the AMA/Specialty Society Relative Value Scale Committee (RUC).

**SICKNESS** means a medical condition, illness, disease, or disorder which first manifests itself after the Effective Date of the policy and while this policy is in force. A medical condition, illness, disease, or disorder is "manifested" when it is diagnosed by a PHYSICIAN, or whenever the COVERED PERSON begins experiencing any symptom or sign of the medical condition, illness, disease, or disorder. SICKNESS includes continuations and reoccurrences of the medical condition, illness, disease, or disorder, and all general conditions associated with, related to, or caused by the medical condition, illness, disease, or disorder.

**SURGICAL PROCEDURE** means the performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, endoscopic examinations, and any one procedure designated by Current Procedural Terminology codes as surgery, except that venipuncture for the collection of blood for the purpose of performing a test shall not be considered a surgery. SURGICAL PROCEDURE shall also include all post-operative care for the 90-day period following surgery.

**WE, US, OUR** and **COMPANY** mean Liberty National Life Insurance Company.

**YOU, YOUR, YOURS** and **INSURED** mean the COVERED PERSON whose name is shown in the POLICY SCHEDULE as the INSURED.

#### **PART 1 DAILY HOSPITAL ROOM AND BOARD BENEFIT**

WE will pay a benefit for MEDICALLY NECESSARY HOSPITAL room expenses incurred by YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY. Such HOSPITAL room expenses incurred must be the result of an INJURY or SICKNESS. The benefit payable shall not exceed the Daily HOSPITAL Room and Board Benefit stated in the Benefit Schedule for each day of the HOSPITAL STAY, and shall not be for more than 2 years for any one INJURY or SICKNESS.

#### **PART 2 DAILY INTENSIVE CARE BENEFIT**

WE will pay a benefit for MEDICALLY NECESSARY INTENSIVE CARE expenses incurred by YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY. Such INTENSIVE CARE admission and expenses incurred must be the result of an INJURY or SICKNESS. The benefit payable shall not exceed the Daily Intensive Care Benefit stated in the Benefit Schedule for each day of INTENSIVE CARE, and shall not be for more than 90 days for any one INJURY or SICKNESS.

The benefit payable under this PART 2 for any day of INTENSIVE CARE is in lieu of the Daily Hospital Room and Board Benefit provided under PART 1 of this policy.

#### **PART 3 MISCELLANEOUS HOSPITAL EXPENSE BENEFIT**

WE will pay a benefit at the rate of 80% of the expenses incurred by YOU or a covered FAMILY MEMBER, in excess of the HOSPITAL Deductible Amount stated in the Benefit Schedule, for MEDICALLY NECESSARY care, treatment, services, and supplies provided by a HOSPITAL to or for YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY, or for MEDICALLY NECESSARY care, treatment, services, and supplies provided by a HOSPITAL or AMBULATORY SURGICAL CENTER to or for YOU or a covered FAMILY MEMBER during a necessary outpatient admission for a SURGICAL PROCEDURE payable under PART 4 of this policy. Such care, treatment, services, and supplies and expenses incurred during a HOSPITAL STAY or an outpatient surgical admission must be the result of an INJURY or SICKNESS.

The benefit under this PART 3 will not exceed the amount of the Miscellaneous Hospital Expense Benefit stated in the Benefit Schedule for all such expenses incurred during a necessary HOSPITAL STAY or a necessary outpatient surgical admission, or for any one INJURY or SICKNESS, irrespective of the number of necessary HOSPITAL STAYS or outpatient surgical admissions. Only one benefit is payable for a HOSPITAL STAY or outpatient surgical admission even if the COVERED PERSON'S care, treatment, services, and supplies are for multiple INJURIES or SICKNESSES during any HOSPITAL STAY or outpatient surgical admission.

In determining the benefit payable under this PART 3, WE will not include expenses incurred for: (1) PHYSICIAN charges (including professional charges); (2) HOSPITAL room charges; (3) INTENSIVE CARE charges; or (4) charges for which coverage is provided or any benefit is payable under any other PART of this policy.

WE will pay the larger of either the Miscellaneous Hospital Expense Benefit payable under this PART 3 or the Outpatient Expense Benefit payable under PART 10, but not both, where surgery is performed in a HOSPITAL or AMBULATORY SURGICAL CENTER on an outpatient basis.

## **PART 4**

## **SURGICAL PROCEDURE BENEFITS**

### **1. SURGEON BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN performing a MEDICALLY NECESSARY SURGICAL PROCEDURE on YOU or a covered FAMILY MEMBER. Such SURGICAL PROCEDURE and expenses incurred must be the result of an INJURY or SICKNESS. The benefit will be equal to the fee charged by the PHYSICIAN for the SURGICAL PROCEDURE, but, in no event will the benefit payable be more than the lesser of either: (a) an amount equal to the Surgery Conversion Factor stated in the Benefit Schedule times the RELATIVE VALUE UNITS for that procedure as contained in the national RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS) last published and effective before the date of the SURGICAL PROCEDURE; or (b) the Surgeon Benefit Limit amount stated in the Benefit Schedule. If the SURGICAL PROCEDURE is not contained in the RBRVS, the benefit payable will be the lesser of: (a) the fee charged by the PHYSICIAN for the SURGICAL PROCEDURE; (b) the amount that would be payable for the most comparable SURGICAL PROCEDURE in severity and gravity; or (c) the Surgeon Benefit Limit amount stated in the Benefit Schedule. In the event that the RBRVS is discontinued, WE shall thereafter have the right to continue to use the RELATIVE VALUE UNITS contained in the last published RBRVS or, at OUR option and upon reasonable written notice to YOU, WE may designate an alternative, generally accepted, method to be used for determining relative values from the date specified in OUR notice.

WE will not pay a benefit for more than one SURGICAL PROCEDURE (the largest applicable) under this PART 4 for all SURGICAL PROCEDURES performed as a result of any one INJURY or SICKNESS.

For any one INJURY or SICKNESS, WE will pay the greater of either: (a) the Surgeon Benefit provided in this PART 4; or (b) the total of all Inpatient Physician Expense Benefits under PART 8 and Doctor Office Visit Benefits under PART 9 which would otherwise be payable.

### **2. ASSISTANT SURGEON BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN providing MEDICALLY NECESSARY assistance to the primary PHYSICIAN during a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under this PART 4. Such surgical assistance and expenses incurred must be the result of an INJURY or SICKNESS. The benefits will not exceed 20% of the amount payable for the Surgeon Benefit.

### **3. ADMINISTRATION OF ANESTHETIC BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN providing MEDICALLY NECESSARY administration of anesthetic to YOU or a covered FAMILY MEMBER during a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under this PART 4. Such anesthetic administration and expenses incurred must be the result of an INJURY or SICKNESS. The administration of anesthetic must be by a PHYSICIAN or a legally qualified anesthetist. The benefits will not exceed 25% of the amount payable for the Surgeon Benefit. WE will not pay any benefit for the administration of anesthetic by the primary PHYSICIAN or the assistant surgeon.

## **PART 5**

## **RADIATION THERAPY BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY RADIATION THERAPY provided to or for YOU or a covered FAMILY MEMBER at a HOSPITAL or PHYSICIAN'S office. Such RADIATION THERAPY and expenses incurred must be the result of an INJURY or SICKNESS. WE will not pay benefits in excess of the Radiation Therapy Benefit stated in the Benefit Schedule for all such expense incurred because of any one INJURY or SICKNESS. The benefit under this PART 5 will be calculated and paid based on a single diagnosed SICKNESS, and not according to the bodily location or locations where the diagnosed SICKNESS may be present or has or have been treated.

If a benefit or benefits are payable under any other PART of this policy for an incurred expense also payable under this PART 5, only one benefit, the largest, will be payable for such expense.

## **PART 6**

## **PRIVATE DUTY NURSE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for the MEDICALLY NECESSARY full-time care and attendance of a private duty licensed nurse (L.V.N., L.P.N., or R.N.) provided to or for YOU or a covered FAMILY MEMBER during a HOSPITAL STAY. Such private duty nurse care, treatment, or services and expenses incurred must be the result of an INJURY or SICKNESS. WE will pay up to the Private Duty Nurse Benefit stated in the Benefit Schedule per 8 hour shift, but shall not pay for more than 2 shifts per day, or in excess of a total of 180 shifts as a result of any one INJURY or SICKNESS.

WE will not pay benefits for private duty nurse care, treatment or services provided by ~~YOU~~ a COVERED PERSON or a member of ~~YOUR~~ any COVERED PERSON'S household or immediate family.



**PART 7****AMBULANCE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY ambulance service for YOU or a covered FAMILY MEMBER. Such ambulance service and expenses incurred must be the result of an INJURY or SICKNESS. The ambulance service must be to or from a HOSPITAL. WE will not pay more than the Ambulance Benefit stated in the Benefit Schedule for any one INJURY or SICKNESS, regardless of the frequency that ambulance service is required because of that INJURY or SICKNESS. Only one benefit will be payable for any one trip.

**PART 8****INPATIENT PHYSICIAN EXPENSE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY care, treatment, and services provided to or for YOU or a covered FAMILY MEMBER by one PHYSICIAN during a necessary HOSPITAL STAY according to the following:

1. If a SURGICAL PROCEDURE for which a benefit is payable under PART 4 of this policy was not performed, WE will pay an amount not to exceed the Inpatient Physician Expense Benefit stated in the Benefit Schedule. Only one Inpatient Physician Expense Benefit will be paid per day, regardless of the number of PHYSICIANS rendering care, treatment or services to or for YOU or the covered FAMILY MEMBER; and
2. If a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under PART 4 of this policy was performed for any one INJURY or SICKNESS, WE will pay an amount equal to the greater of: (a) the applicable Surgeon Benefit in PART 4; or (b) the total of the benefit in (1) above which would otherwise be payable plus any Doctor Office Visit Benefits payable under PART 9.

A benefit will only be paid if such PHYSICIAN care, treatment, and services and expenses incurred were the result of an INJURY or SICKNESS. The total benefit payable under this PART 8 shall not exceed the Inpatient Physician Expense Maximum for any one INJURY or SICKNESS.

**{PART 9****DOCTOR OFFICE VISIT BENEFIT**

WE will pay benefits for expenses incurred by YOU or a covered FAMILY MEMBER for outpatient care, treatment and services, by a DOCTOR provided to or for YOU or a covered FAMILY MEMBER at the DOCTOR'S office, clinic, a HOSPITAL (on an outpatient basis), or at place of residence according to the following:

1. For MEDICALLY NECESSARY care, treatment and services resulting from an INJURY or SICKNESS which does not require a SURGICAL PROCEDURE, WE will pay a benefit at the rate of 80% of the fee charged by the DOCTOR, but, in no event will the benefit payable for such care, treatment and services be more than the Doctor Office Visit Benefit stated in the Benefit Schedule. Only one Doctor Office Visit Benefit will be paid per day, regardless of the number of DOCTORS providing care, treatment, and services to or for YOU or the covered FAMILY MEMBER and regardless of the number of visits during the day;
2. For MEDICALLY NECESSARY care, treatment, and services resulting from any one INJURY or SICKNESS which requires a SURGICAL PROCEDURE, WE will pay an amount equal to the greater of the applicable Surgeon Benefit in PART 4 or the total of the benefit in (1) above which would otherwise be payable plus any Inpatient Physician Expense Benefits payable under PART 8; and
3. For a physical wellness exam in the absence of INJURY or SICKNESS, WE will pay a benefit at the rate of 80% of the fee charged by the DOCTOR, but, in no event will the benefit payable for any physical wellness exam performed exceed the Wellness Exam Benefit stated in the Benefit Schedule. Each COVERED PERSON will be entitled to one physical wellness exam per policy year.

The total benefits payable under this PART 9 shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule during any policy year.}

**PART 10****OUTPATIENT EXPENSE BENEFIT**

WE will pay a benefit at the rate of 80% of expenses incurred by YOU or a covered FAMILY MEMBER, in excess of the Outpatient Deductible Amount stated in the Benefit Schedule, for **MEDICALLY NECESSARY** outpatient care, treatment, and services provided to or for YOU or a covered FAMILY MEMBER. Such outpatient care, treatment, and services and expenses incurred must be the result of an INJURY or SICKNESS. Outpatient care, treatment, and services include:

1. Outpatient HOSPITAL expense;
2. Diagnostic imaging performed at other duly licensed locations; and
3. Laboratory tests performed at other duly licensed locations, including pathology tests.

WE will not pay in excess of the Outpatient Expense Benefit stated in the Benefit Schedule for expenses incurred for outpatient care, treatment, and services resulting from any one INJURY or SICKNESS.

If a benefit or benefits are payable under any other PART of this policy for an incurred expense also payable under this PART 10, only one benefit, the largest, will be payable for such expense.



## **PART 11 REFUND OF PREMIUMS FOR LOSS OF LIFE FROM ACCIDENTAL INJURY**

WE will refund to YOUR estate the premiums paid for YOUR individual coverage under this policy if YOU die due to an INJURY while YOUR coverage is in force or effect. WE will refund to YOU the premiums paid under this policy for the coverage of a covered FAMILY MEMBER if that member dies due to an INJURY while his or her coverage is in force or effect.

To be entitled to said refund of premium, the death must occur while this policy is in force and within 180 days of the INJURY causing death.

## **PART 12 OTHER BENEFITS**

On the condition that a benefit for expenses incurred for the following care, treatment, services, and supplies is not elsewhere provided in this policy, WE will pay benefits for expenses incurred for the following care, treatment, services, and supplies provided to a COVERED PERSON while this policy is in force according to the terms, dollar amounts and maximums set forth below in this PART 12 with respect to such covered care, treatment, services, and supplies. ALL BENEFITS PAYABLE UNDER THIS PART 12 SHALL BE SUBJECT TO ALL POLICY PROVISIONS, LIMITATIONS AND EXCLUSIONS, DEDUCTIBLES, CO-PAYS, CO-INSURANCE, AND DOLLAR-LIMIT PROVISIONS OF THIS POLICY, EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED IN THIS PART 12. A benefit payable under this PART 12 shall not duplicate any benefit or benefits payable under any other PART or PARTS of this policy. The total benefit payable for care, treatment, services, and supplies covered under this PART 12 of the policy, together with benefits paid under any other policy or policies issued by US to YOU or a covered FAMILY MEMBER, will never exceed the total expense incurred by YOU or the covered FAMILY MEMBER for such care, treatment, services, and supplies.

### **1. MATERNITY BENEFITS, MINIMUM HOSPITAL STAYS**

As described in PART 13(1), this policy does not provide benefits for normal pregnancy. However, for a HOSPITAL STAY for which benefits are otherwise provided under this policy to a COVERED PERSON for a distinct complication of pregnancy, WE will provide a benefit for expenses incurred due to a distinct complication of pregnancy by any COVERED PERSON for a HOSPITAL STAY and inpatient care for a minimum of forty-eight (48) hours of inpatient care following vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following a cesarean section for a mother, her newly born child, or both, in a HOSPITAL or any other health care facility licensed to provide obstetrical care, when that HOSPITAL STAY is deemed MEDICALLY NECESSARY by the attending PHYSICIAN, who is a medical doctor.

### **2. BREAST RECONSTRUCTIVE SURGERY AND PROSTHETIC DEVICE BENEFIT**

WE will provide a benefit for the following expenses incurred by YOU or a covered FAMILY MEMBER for prosthetic devices, breast reconstructive surgery, or both, for a COVERED PERSON incident to a MASTECTOMY covered under this policy, including:

- 1) Reconstruction of the breast on which the MEDICALLY NECESSARY MASTECTOMY has been performed;
- 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 3) Prostheses and physical complications from all stages of MASTECTOMY, including lymphedemas.

To be covered, breast reconstructive surgery must be in the manner chosen by the affected COVERED PERSON'S treating PHYSICIAN, who is a licensed medical doctor or doctor of osteopathy, consistent with prevailing medical standards, and in consultation with the affected COVERED PERSON.

A benefit for prosthetic devices and breast reconstructive surgery covered under this subpart of PART 12 will be paid as follows:

- a. For prosthetic devices and breast reconstructive surgery not covered under PARTS 1-10 of this policy because such care is not being provided in relation to a SICKNESS, or because maximum policy benefits have been paid previously for the SICKNESS that resulted in the MEDICALLY NECESSARY MASTECTOMY, WE will consider all that COVERED PERSON'S prosthetic devices and breast reconstructive surgery(ies) collectively, as though they were for a single SICKNESS (separate from the SICKNESS that resulted in the MEDICALLY NECESSARY MASTECTOMY) under this policy.
- b. For prosthetic devices and breast reconstructive surgery not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum equal to 80% of the incurred expenses, but not to exceed a maximum benefit of \$500 for prosthetic devices and breast reconstructive surgery for any one COVERED PERSON.

### **3. CHILD PREVENTIVE HEALTH CARE SERVICES BENEFIT**

WE will provide a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for PERIODIC PREVENTIVE CARE VISITS related to CHILD PREVENTIVE HEALTH CARE SERVICES for a COVERED PERSON when that COVERED PERSON attains the following ages: birth, two months, four months, six months, nine months, twelve months, eighteen months, two years, three years, four years, five years, six years, eight years, ten years, twelve years, fourteen years, sixteen years and eighteen years. CHILD PREVENTIVE HEALTH CARE SERVICES shall be limited to services provided by or under the supervision of a

single PHYSICIAN or other primary health care provider who is a licensed medical doctor or doctor of osteopathy during the course of one visit.

If the periodic visit is not otherwise covered under another PART of this policy, WE will pay a benefit under this subpart of PART 12 in accordance with the following:

- a. For the expenses incurred for the services attributable to a history, physical examination, developmental assessment anticipatory guidance, or any combination thereof, WE will make payment as if such services were for a covered PHYSICIAN'S wellness exam payable under PART 9(3). This benefit will be provided for each such periodic visit. The combined amount of payments made during any policy year for any one COVERED PERSON under 16 years of age for Doctor Office Visits payable under PART 9, as stated in the Benefit Schedule, and for periodic visits during which services attributable to a history, physical examination, developmental assessment and anticipatory guidance are provided, payable as set forth herein, shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule.
- b. For the expenses incurred for the services attributable to immunizations, laboratory tests, or both, WE will pay a sum of money equal to 80% of the incurred expenses, not to exceed a maximum benefit of \$250 for each covered periodic visit during which either immunizations, laboratory tests, or both are provided to or for any one COVERED PERSON.

This benefit is exempt from any deductible provision, but remains subject to all co-pay and coinsurance provisions, of this policy.

#### **4. DIABETES BENEFIT**

WE will provide a benefit for expenses incurred by a COVERED PERSON for medically appropriate and necessary equipment, supplies, diabetes outpatient self-management training and educational services, or any combination thereof, used in the management and treatment of diabetes for persons with gestational, type I or type II diabetes, if the COVERED PERSON'S treating PHYSICIAN or a PHYSICIAN who specializes in the treatment of diabetes certifies that such services are necessary.

The diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Any nutrition counseling must be provided by a licensed dietician.

For equipment, supplies, treatment, service, training, or any combination thereof, for diabetes covered under this subpart of PART 12, and not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge not to exceed a maximum benefit of \$1,500 during any policy year for all equipment, supplies, treatment, service, or training for diabetes provided that COVERED PERSON.

#### **5. ANESTHESIA AND HOSPITALIZATION FOR DENTAL PROCEDURES BENEFIT**

WE will provide a benefit for general anesthesia, hospital charges, or both for dental care charges incurred in a HOSPITAL or AMBULATORY SURGICAL CENTER when the procedure is performed by (i) a fully accredited specialist in pediatric dentistry or other dentist fully accredited in a recognized dental specialty for which HOSPITAL or AMBULATORY SURGICAL CENTER privileges are granted; (ii) a dentist who is certified by virtue of completion of an accredited program of postgraduate training to be granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; or (iii) a dentist who has not yet satisfied certification requirements but has been granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; and when the COVERED PERSON receiving such treatment:

- 1) is younger than 7 years of age;
- 2) has a serious mental or physical condition; or
- 3) has significant behavioral problems.

This benefit does not cover routine dental care, including the diagnosis or treatment of disease or other dental conditions and procedures not specifically covered under this subpart of PART 12.

A benefit for anesthesia or facility charges for dental care covered under this subpart of PART 12 will be paid as follows:

- a. For anesthesia or facility charges for dental care not otherwise eligible for coverage under this policy, WE will consider that COVERED PERSON'S incurred expenses for anesthesia and facility charges for dental care as though they were eligible for coverage under PARTS 1-4 and PART 10 of the policy.
- b. For anesthesia or facility charges for dental care not covered under PARTS 1-10 of this policy, or brought within the scope of coverage based on (a) above, WE will pay a sum equal to 80% of the incurred expenses, but not to exceed a maximum benefit of \$100 for all anesthesia and facility charges for dental care provided to any one COVERED PERSON.

## **6. SPEECH AND HEARING DISORDERS BENEFIT**

WE will provide a benefit for the expenses incurred for MEDICALLY NECESSARY care and treatment of loss or impairment of speech or hearing, or both if treated by a speech pathologist, audiologist or speech language pathologist licensed by the state board of healing arts or certified by the American Speech-Language and Hearing Association or both, and which fall within the scope of their license or certification. This benefit does not cover hearing aids, instruments or devices.

Benefits for speech and hearing disorders covered under this subpart of PART 12 will be paid as follows:

- a. For speech or hearing treatment or care not covered under PARTS 1-10 of this policy because such treatment or service is not being provided in relation to a covered SICKNESS, WE will consider that COVERED PERSON'S speech or hearing treatment as though it was for a covered SICKNESS under PART 9. The combined amount of payments made for any one COVERED PERSON for Physician Office Visit Benefits payable under PART 9 and speech and hearing disorders benefits payable under this subpart of PART 12 shall not exceed the Physician Office Visit Yearly Maximum shown on the Benefit Schedule for all benefits paid during any one policy year.
- b. For speech or hearing treatment not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$50 for each visit with a professional described in this subpart for any one COVERED PERSON, and when combined with the Physician Office Visit Benefits payable under PART 9, not to exceed the Physician Office Visit Yearly Maximum shown on the Benefit Schedule for benefits paid during any one policy year.

## **7. MEDICAL FOODS AND LOW PROTEIN MODIFIED FOOD PRODUCTS BENEFIT**

WE will provide a benefit for the expense incurred for MEDICAL FOODS, LOW PROTEIN MODIFIED FOOD PRODUCTS, amino acid modified preparations and any other special dietary products and formulas for the treatment of INHERITED METABOLIC DISEASES if the MEDICAL FOODS or LOW PROTEIN MODIFIED FOOD PRODUCTS, amino acid modified preparations and other special dietary products and formulas are prescribed as MEDICALLY NECESSARY for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias and disorders of amino acid metabolism, and administered under the direction of a PHYSICIAN.

For benefits for MEDICAL FOODS and LOW PROTEIN MODIFIED FOOD PRODUCTS covered under this subpart of PART 12 that are not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$2,400 for each COVERED PERSON during any one policy year as provided under the Income Tax Act of 1929.

## **8. COLORECTAL CANCER SCREENING BENEFIT**

WE will provide a benefit for the expense incurred for colorectal cancer examinations and laboratory tests for a COVERED PERSON who is 50 years of age or older, at high risk for colorectal cancer according to American Cancer Society colorectal cancer screening guidelines as they existed on January 1, 2005, or experiencing the symptoms of colorectal cancer as determined by a PHYSICIAN licensed under the Arkansas Medical Practices Act, §17-95-201 et seq., §17-95-301 et seq., and §17-95-401 et seq., including bleeding from the rectum or blood in the stool, or a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts more than five (5) days. The colorectal screening shall involve an examination of the entire colon, and WE will provide a benefit for colorectal cancer screening for any one of the following options:

- 1) An annual fecal occult blood test utilizing the take-home multiple sample method, or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five (5) years;
- 2) A double-contrast barium enema every five (5) years; or
- 3) A colonoscopy every ten (10) years, and follow-ups based on the following schedule:
  - i. If the initial colonoscopy is normal, a follow-up is covered once every ten (10) years;
  - ii. For individuals with one (1) or more neoplastic polyps, adenomatous polyps, and the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps was performed, a follow-up will be covered after three (3) years;
  - iii. If single tubular adenoma of less than one centimeter (1 cm) is found, a follow-up will be covered after five (5) years; and
  - iv. For patients with large sessile adenomas greater than three centimeters (3 cm), a follow-up will be covered after six (6) months, or continuously until complete polyp removal is verified by colonoscopy.
- 4) Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health determined in consultation with appropriate health care organizations.

Benefits for colorectal cancer screening covered under this subpart of PART 12 will be paid as follows:

- a. For colorectal cancer screening not covered under PARTS 1-10 of this policy because such treatment or service is not being provided in relation to a covered SICKNESS, WE will consider that COVERED PERSON'S colorectal cancer testing as though it was for a covered SICKNESS under PART 9 and PART 10 of this policy.

- b. For colorectal cancer screening not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$50 for each screening provided a COVERED PERSON.

#### **9. MENTAL ILLNESS BENEFIT**

WE will provide a benefit for expenses incurred for a COVERED PERSON for the treatment of MENTAL ILLNESS on an inpatient or outpatient basis. Benefits will be provided to the same extent as any other physical illness covered under this policy.

#### **10. TEMPOROMANDIBULAR JOINT DISORDER AND CRANIOMANDIBULAR JAW DISORDER BENEFIT**

WE will provide coverage for the treatment and care provided to or for a COVERED PERSON for the diagnostic procedure and surgical treatment of temporomandibular and craniomandibular disorder if, under accepted medical standards, such diagnostic procedure or surgery is MEDICALLY NECESSARY to treat conditions caused by a congenital or developmental deformity, disease, disorder, or INJURY. A temporomandibular and craniomandibular disorder shall be considered to be a SICKNESS under this policy, and benefits will be paid under PARTS 1-10 as applicable. However, this policy does not include coverage for orthodontic appliances and treatment, crowns, bridges and dentures unless the disorder is trauma related.

### **PART 13**

#### **LIMITATIONS AND EXCLUSIONS**

Except to the extent specifically and directly provided elsewhere in this policy to the contrary, WE will not pay benefits under this policy for:

1. Normal pregnancy (including childbirth, false labor, occasional spotting, PHYSICIAN-prescribed rest, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with a difficult pregnancy which do not constitute a distinct complication of pregnancy) or voluntary termination of pregnancy; or
2. Any charges for (1) usual and customary routine nursery care; or (2) well-baby care, immunizations, medical examinations or tests of any kind; or (3) any other usual and customary routine care and treatment following full term or premature birth, not incident and necessary to the treatment of INJURY or SICKNESS; or
3. Convalescent or skilled nursing care in a facility other than a HOSPITAL; educational care; or for nervous or mental disorders; or
4. Any dental treatment (except as necessitated by INJURY), hearing aids, or eye refractive exams, surgery or treatment; or
5. Any HOSPITAL STAY, INTENSIVE CARE unit admission, or other care, treatment, services, or supplies for which YOU or a covered FAMILY MEMBER do not incur a charge; or
6. Any HOSPITAL STAY, INTENSIVE CARE unit admission, or other care, treatment, services, or supplies that are not MEDICALLY NECESSARY for diagnosis of or for care, treatment, or services resulting from an INJURY or SICKNESS; or
7. Any cosmetic or elective procedures and any related complications; or
8. Any expense incurred in excess of the usual, customary, and reasonable charges for any care, treatment, service, or supply in the geographic area where furnished; or
9. Professional radiological, pathological or EKG interpretations during a HOSPITAL STAY; or
10. Any rehabilitative care services received at a facility not meeting the definition of a HOSPITAL; or
11. Any care, treatment, services, or supplies received outside of the U.S. boundaries or territories; or
12. Any Infertility care, treatment or services; or sterilization or reversal of sterilization procedures; or
13. Any medical condition, illness, disease, or disorder that first manifests itself before the effective date of the policy; or
14. Any care, treatment, services, or supplies for obesity or morbid obesity, including but not limited to, gastric banding ("lapband"), vertical banded gastroplasty, Roux-en-Y gastric bypass, DISTAL gastric bypass (duodenal switch, biliopancreatic diversion), or stomach stapling procedures, even if the COVERED PERSON has a health condition or conditions that might be benefited thereby; or
15. Any care, treatment, services, or supplies for drug abuse or addiction, including alcoholism or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a PHYSICIAN; or any loss caused directly or indirectly, wholly or partially, or contributed to by or as a result of any COVERED PERSON being under the influence of an intoxicant or a narcotic; or
16. Suicide, or treatment of an attempted suicide, or any intentionally self-inflicted injury, while sane or insane.

#### **POLICY PROVISIONS**

**ELIGIBILITY AND INSURED'S TERMINATION:** YOU, as the INSURED, are the beneficiary of YOUR covered FAMILY MEMBERS. Every transaction relating to this policy shall be between US and YOU.

A new family member, (including husband, wife, or any children under the age of 19 at the time the Policy is issued) will be covered; each new family member must be named in the application. Stepchildren and legally adopted children can be included if listed in the application. Any newborn or newly adopted children of the Primary INSURED will automatically be a COVERED PERSON from the moment of birth or adoption if such birth or adoption occurs after the Effective Date of the policy. This will also

cover children YOU have filed a petition to adopt. YOU may apply for coverage on other dependents acquired after the Effective Date of the policy, subject to OUR approval.

Coverage on YOUR children terminates when they marry. It also terminates on the policy anniversary date following their 25th birthday, unless they are still dependent on YOU due to a physical or mental handicap. YOU must furnish US proof of the handicap within 31 days of the termination date. WE may require at reasonable intervals during the two years following the child's 25th birthday subsequent proof of the child's disability and dependency. After the two-year period, WE may require such proof not more than once each year.

In the event of YOUR death or other termination of YOUR coverage, the following shall successively become the INSURED: (1) YOUR spouse (if YOUR spouse is a covered FAMILY MEMBER), or (2) YOUR eldest remaining covered FAMILY MEMBER.

**RIGHTS OF A SPOUSE:** Should YOU and YOUR spouse dissolve YOUR marriage by a valid decree of dissolution of marriage and the spouse was a covered FAMILY MEMBER, the spouse can apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, the spouse must make application to the COMPANY within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting or probationary period is required, except to the extent that such period has not been met under the prior policy.

**PREMIUM PAYMENT:** This policy is issued based on the application and the payment of the first premium. A copy of the application is a part of this policy. This policy takes effect at 12 o'clock noon, Standard Time of the place where YOU reside, and remains in effect until the same hour on the date that the initial term expires.

The effective date of this policy, the first premium, and the date the initial term expires are stated in the POLICY SCHEDULE. All premiums, except the first premium, shall be due and payable at OUR Administrative Offices.

**ENTIRE CONTRACT; CHANGES:** This policy, with the application and attached papers, is the entire contract between YOU and US. No change in this policy shall be effective until approved by an officer of US. This approval must be noted on or attached to this policy.

No agent may change this policy or waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After 2 years from the effective date, only fraudulent misstatements in the application may be used to void this policy or deny any claim for loss incurred after the 2-year period.

After 2 years from the date of an endorsement adding a FAMILY MEMBER, other than a newborn or newly adopted child, only fraudulent misstatements in the application may be used to void the endorsement or deny any claim for loss incurred after the 2 year period.

**GRACE PERIOD:** This policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, this policy will stay in force.

**REINSTATEMENT:** If the renewal premium is not paid before the grace period ends, this policy will lapse. Later acceptance of the premium by US without requiring an application for reinstatement will reinstate this policy.

If WE require an application, this policy will be reinstated when WE approve the application, or on the 45th day after WE receive it, unless WE have previously written to YOU of its disapproval.

The reinstated policy will cover only loss that results from an INJURY sustained after the date of reinstatement or a SICKNESS that manifests itself more than 10 days after such date. In all other respects, YOUR rights and OUR rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

**NOTICE OF CLAIM:** Written notice of claim must be given to US within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to US at OUR Administrative Offices in McKinney, Texas or to OUR agent.

Notice should include YOUR name and YOUR policy number.

**CLAIM FORMS:** When WE receive the Notice of Claim, WE will send YOU forms for filing proof of loss. If these forms are not given to YOU within 15 days, YOU may meet the proof of loss requirements by giving US a written statement of the nature and extent of the loss within the time limit stated in the PROOFS OF LOSS Provision set forth below.

**PROOFS OF LOSS:** YOU must give US written proof of loss to OUR satisfaction within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, WE will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless YOU were legally incapacitated.

**TIME OF PAYMENT OF CLAIMS:** After receiving proper written proof of loss satisfactory to US, WE will pay to YOU, or at OUR option to the HOSPITAL, DOCTOR, or person rendering services covered by this policy, all benefits then due for such loss.

**PAYMENT OF CLAIMS:** Benefits will be paid, after receiving a claim form and proper written proof of loss satisfactory to US, to YOU, or at OUR option to the HOSPITAL, DOCTOR, or person providing care, treatment, services, or supplies covered by this policy. Any benefit unpaid at death may be paid to YOUR named beneficiary or, at OUR option, to YOUR estate. If benefits are payable to YOUR estate, WE can pay benefits up to \$3,000 to someone related to YOU by blood or marriage whom WE consider to be entitled to the benefits. WE will be discharged to the extent of any such payment made in good faith.

**PHYSICAL EXAMINATIONS:** WE, at OUR expense, have the right to have YOU or a covered FAMILY MEMBER examined as often as reasonably necessary while a claim is pending.

**NONDUPLICATION OF COVERAGE:** The benefits payable under this policy shall be excess over benefits paid or payable or required to be provided:

1. under any workers' compensation, occupational disease, employers' liability or similar law;
2. under any motor vehicle no-fault plan or coverage or similar law; and
3. under any national, state, or other governmental plan not limited to governmental employees or their families, such as Medicare or Medicaid.

**REFUND OF UNEARNED PREMIUMS ON DEATH:** Upon the death of a FAMILY MEMBER insured under this policy, WE will refund any premiums paid in behalf of the member, for any period beyond the ending of the policy month the death occurred, within 30 days after WE receive proof of death.

**SUBROGATION; REIMBURSEMENT:** YOU agree that, to the extent of the benefits paid under this policy, WE shall be subrogated to all YOUR rights to damages or recovery for any INJURY or SICKNESS, or any care, treatment, services, or supplies provided, for which a third party or parties, or their insurance carrier(s), are or may be liable or responsible. YOU agree to repay US first out of any monies YOU receive or recover by settlement, judgment or otherwise, regardless of whether YOU are fully compensated for YOUR losses and damages. In the event that WE retain OUR own attorney to represent OUR subrogation interest, WE will not be responsible for paying a portion of YOUR attorney fees or costs.

YOU assign to US YOUR claims and rights against all liable or responsible third party or parties and their insurance carrier(s) to the extent of OUR payments, and shall do nothing after the loss to prejudice OUR subrogation rights. Entering into a settlement or compromise arrangement with a third party or parties, or their insurance carrier(s), without OUR prior written consent, shall be deemed to prejudice OUR subrogation rights. YOU shall promptly advise US in writing whenever a claim or demand against a third party or parties, or their insurance carrier(s), is made, and shall further provide to US such additional information and execute and deliver such instruments or papers as are reasonably requested by US to secure OUR subrogation rights. YOU agree to fully cooperate in protecting OUR subrogation rights against the liable or responsible third party or parties, and their insurance carrier(s).

**LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of the claim is required to be given.

**CONFORMITY WITH STATE STATUTES:** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which YOU reside on that date, is amended to conform to the minimum requirements of such laws.

**ASSIGNMENT:** No assignment under this policy shall be binding upon US unless the original written assignment (or a copy thereof) is on file at OUR Administrative Offices. At OUR option, WE may waive this requirement. WE do not assume any responsibility for the validity of any assignment.

This policy is signed for US by OUR President and Secretary.

A handwritten signature in cursive script, appearing to read "Sara M. [unclear]", is written over a large, bold, diagonal "SPECIMEN" watermark.

Secretary

A handwritten signature in cursive script, appearing to read "A. [unclear]", is written over a large, bold, diagonal "SPECIMEN" watermark.

President

Countersigned:

\_\_\_\_\_  
Licensed Resident Agent where required by law.

### 3. CHILD PREVENTIVE HEALTH CARE SERVICES BENEFIT

WE will provide a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for PERIODIC PREVENTIVE CARE VISITS related to CHILD PREVENTIVE HEALTH CARE SERVICES for a COVERED PERSON when that COVERED PERSON attains the following ages: birth, two weeks, two months, four months, six months, nine months, twelve months, fifteen months, eighteen months, two years, three years, four years, five years, six years, eight years, ten years, twelve years, fourteen years, sixteen years and eighteen years. CHILD PREVENTIVE HEALTH CARE SERVICES shall be limited to services provided by or under the supervision of a single PHYSICIAN or other primary health care provider who is a licensed medical doctor or doctor of osteopathy during the course of one visit.

If the periodic visit is not otherwise covered under another PART of this policy, WE will pay a benefit under this subpart of PART 12 in accordance with the following:

- a. For the expenses incurred for the services attributable to a history, physical examination, developmental assessment anticipatory guidance, or any combination thereof, WE will make payment as if such services were for a covered PHYSICIAN'S wellness exam payable under PART 9(3). This benefit will be provided for each such periodic visit. The combined amount of payments made during any policy year for any one COVERED PERSON under 18 years of age for Doctor Office Visits payable under PART 9, as stated in the Benefit Schedule, and for periodic visits during which services attributable to a history, physical examination, developmental assessment and anticipatory guidance are provided, payable as set forth herein, shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule.
- b. For the expenses incurred for the services attributable ~~to immunizations, laboratory tests, or both~~, WE will pay a sum of money equal to 80% of the incurred expenses, not to exceed a maximum benefit of \$50 for each covered periodic visit during which ~~either immunizations, laboratory tests, or both~~ are provided to or for any one COVERED PERSON.
- c. For the expenses incurred for the services attributable to immunizations provided to or for any one COVERED PERSON, WE will pay a sum of money equal to 100% of the incurred expenses, but not to exceed levels established by the Insurance Commissioner established for the same services under the Medicaid program in the State of Arkansas. Immunizations covered under this SUBPART 12(3)(c) shall be exempt from any copayment, coinsurance, deductible, or dollar limit provisions in this policy

This benefit is exempt from any deductible provision, but remains subject to all co-pay and coinsurance provisions, of this policy. All CHILDREN'S PREVENTIVE HEALTH CARE SERVICES provided in subparts (3)(a) and (3)(b) above will be subject to copayment, coinsurance, deductible, or dollar limit provisions.

### 4. DIABETES BENEFIT

WE will provide a benefit for expenses incurred by a COVERED PERSON for medically appropriate and necessary equipment, supplies, diabetes outpatient self-management training and educational services, or any combination thereof, used in the management and treatment of diabetes for persons with gestational, type I or type II diabetes, if the COVERED PERSON'S treating PHYSICIAN or a PHYSICIAN who specializes in the treatment of diabetes certifies that such services are necessary.

The diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Any nutrition counseling must be provided by a licensed dietician.

For equipment, supplies, treatment, service, training, or any combination thereof, for diabetes covered under this subpart of PART 12, and not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge not to exceed a maximum benefit of \$1,500 during any policy year for all equipment, supplies, treatment, service, or training for diabetes provided that COVERED PERSON.

### 5. ANESTHESIA AND HOSPITALIZATION FOR DENTAL PROCEDURES BENEFIT

WE will provide a benefit for general anesthesia, hospital charges, or both for dental care charges incurred in a HOSPITAL or AMBULATORY SURGICAL CENTER when the procedure is performed by (i) a fully accredited specialist in pediatric dentistry or other dentist fully accredited in a recognized dental specialty for which HOSPITAL or AMBULATORY SURGICAL CENTER privileges are granted; (ii) a dentist who is certified by virtue of completion of an accredited program of postgraduate training to be granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; or (iii) a dentist who has not yet satisfied certification requirements but has been granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; and when the COVERED PERSON receiving such treatment:

- 1) is younger than 7 years of age;
- 2) has a serious mental or physical condition; or
- 3) has significant behavioral problems.

<i>SERFF Tracking Number:</i>	<i>AMLC-126096328</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42234</i>
<i>Company Tracking Number:</i>	<i>LGSP3</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>Limited Benefit Hospital, Surgical and Medical Expense Policy /LGSP3</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Limited Benefit Hospital, Surgical and Medical Expense Policy	05/06/2009	LGSP3-AR.pdf
No original date	Form	Limited Benefit Hospital, Surgical and Medical Expense Policy	04/07/2009	LGSP3-AR.pdf
No original date	Supporting Document	Outline of Coverage	03/31/2009	DS-LGSP3.pdf



LIMITED BENEFIT HOSPITAL, SURGICAL AND MEDICAL EXPENSE POLICY  
GUARANTEED RENEWABLE FOR YOU AND EACH COVERED FAMILY MEMBER AS STATED IN THE RENEWAL  
AGREEMENT. COMPANY CANNOT CANCEL POLICY. COMPANY MAY CHANGE PREMIUM RATES BY CLASS.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085**  
**A Legal Reserve Stock COMPANY \* Administrative Offices: McKinney, Texas**

**30-DAY RIGHT TO EXAMINE POLICY**

If YOU are not satisfied with this policy for any reason, return it to OUR Administrative Offices or to the agent within 30 days after YOU receive it. Any premium YOU paid will be refunded. The policy will be void from the beginning. It will be as if no policy had been issued.

**RENEWAL AGREEMENT**

YOU can continue this policy in force for successive renewal terms of 1 month, 3 months, 6 months, or 12 months by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under OUR applicable table of premium rates that is in effect on the respective due dates of the premiums. WE have the right to change the renewal premiums for this policy when WE change, and in accordance with, OUR table of premium rates applicable to all policies of this form and class. Class is based on benefit amounts, persons covered under the policy, state of issue, age at issue, gender, underwriting group and geographic rating area. WE also have the right to change the renewal premiums for this policy when the persons covered under the policy change, in accordance with the table of premium rates applicable to all policies of this form and class.

**BENEFIT SCHEDULE**

PART 1 Daily Hospital Room and Board Benefit . .up to \$ [400.00]	PART 7 Ambulance Benefit . . . . . up to \$ [200.00]
PART 2 Daily Intensive Care Benefit . . . . . up to \$ [800.00]	PART 8 Inpatient Physician Expense Benefit . . up to \$ [35.00]
PART 3 Misc. Hospital Expense Benefit . . .80% up to \$ [15,000.00]	Inpatient Physician Expense Maximum . . . . \$ [2,000.00]
Hospital Deductible Amount . . . . . \$ [2,500.00]	PART 9 {Doctor Office Visit Benefit . . . . .80% up to \$ [50.00]}
PART 4 Surgeon Benefit Limit . . . . . up to \$ [5,000.00]	{Wellness Exam Benefit . . . . .80% up to \$ [100.00]}
Surgery Conversion Factor . . . . . [90]	{Doctor Office Visit Yearly Maximum . . . . . \$ [500.00]}
PART 5 Radiation Therapy Benefit . . . . . up to \$ [5,000.00]	PART 10 Outpatient Expense Benefit . . . . .80% up to \$ [500.00]
PART 6 Private Duty Nurse Benefit . . . . . up to \$ [75.00]	{Outpatient Deductible Amount . . . . . \$ [100.00]}

**POLICY SCHEDULE**

INSURED	POLICY NUMBER	EFFECTIVE DATE	INITIAL TERM EXPIRES ON	INITIAL PREMIUM
[John Doe]	12345678	05-01-09	06-01-09	\$100.00]

**ADDITIONAL BENEFIT RIDERS**

[Increasing Benefit Rider], [Critical Illness Rider], [Accident Rider], [Cancer Rider]

---

The Policy Schedule includes premiums for additional benefit riders, if any, unless provided to the contrary in the rider(s).

---

## INSURING CLAUSE

The COMPANY insures YOU against specified losses incurred by a COVERED PERSON. Benefits payable under this policy, subject to all of its provisions, limitations and exclusions, will be paid to YOU or, at OUR option, to the HOSPITAL, PHYSICIAN, or person providing any care, treatment, service, or supply covered by this policy. For the purpose of determining benefits payable for a particular SICKNESS of a COVERED PERSON after the applicable benefit limits for that SICKNESS have been paid by the COMPANY, it shall be considered a new SICKNESS, which is then again covered under this policy, if the COVERED PERSON goes without a PHYSICIAN'S advice or treatment for that particular SICKNESS for a period of 24 consecutive months. OUR obligation to make payment under this policy for any particular SICKNESS or INJURY shall not exceed the amounts disclosed in the Benefit Schedule or described elsewhere in this policy. A benefit will only be due and payable when a COVERED PERSON is obligated to pay a charge that is incurred for any covered care, treatment, service, or supply, or combination thereof, provided to or for a COVERED PERSON while this policy is in force. An expense or charge is incurred on the date the care, treatment, service, or supply is provided.

## PRE-EXISTING CONDITION LIMITATION

This policy does not insure YOU against loss incurred by YOU or a covered FAMILY MEMBER during the 12 months immediately after the effective date of this policy if that loss results from a PRE-EXISTING CONDITION. In addition, any PRE-EXISTING CONDITION listed on the application is not covered for the first 12 months after the policy effective date. Conditions, illnesses, diseases, disorders, or injuries specifically excluded by rider are never covered.

## TABLE OF CONTENTS

	Page		Page
30-Day Right To Examine Policy .....	1	Private Duty Nurse Benefit .....	5
Renewal Agreement .....	1	Ambulance Benefit .....	6
Insuring Clause .....	2	Inpatient Physician Expense Benefit.....	6
Pre-Existing Condition Limitation .....	2	Doctor Office Visit Benefit.....	6
Definitions .....	2	Outpatient Expense Benefit.....	6
Daily Hospital Room And Board Benefit.....	4	Refund Of Premiums For Loss Of Life	
Daily Intensive Care Benefit.....	4	From Accidental Injury .....	7
Miscellaneous Hospital Expense Benefit .....	4	Other Benefits.....	7
Surgical Procedure Benefits.....	5	Limitations and Exclusions .....	10
Radiation Therapy Benefit.....	5	Policy Provisions .....	10

## DEFINITIONS

Where used in this policy:

**ACCIDENT** and **ACCIDENTAL** means that which happens by chance or fortuitously, without intention or design, and which is unexpected, unusual and unforeseen.

**AMBULATORY SURGICAL CENTER** means a freestanding facility, other than a PHYSICIAN'S office, where surgical and diagnostic services are provided on an ambulatory basis.

**CHILD PREVENTIVE HEALTH CARE SERVICES** means PHYSICIAN-delivered or PHYSICIAN-supervised services for covered dependents from birth through eighteen (18) years of age that are provided for PERIODIC PREVENTIVE CARE VISITS, including medical history, physical examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards.

**COVERED PERSON** means YOU or any covered FAMILY MEMBER.

**DIABETES SELF-MANAGEMENT TRAINING** means instruction in an inpatient or outpatient setting which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications. Such instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

**FAMILY MEMBER** means a person who is named in the application for coverage under this policy, other than the Proposed INSURED, or a person who has been added in accordance with the ELIGIBILITY AND INSURED'S TERMINATION provision.

**HOSPITAL** means a medical facility, operated pursuant to law, which: (1) is primarily and continuously engaged in providing medical and diagnostic care for the treatment of sick or injured persons on an acute care inpatient basis under the supervision of one or more licensed PHYSICIANS for which a charge is made; and (2) provides 24-hour nursing service by or under the supervision of a Registered Nurse (R.N.). "HOSPITAL" does not mean a facility or special unit of a facility primarily operated as: (a) a convalescent, skilled nursing, swing bed, or other nursing facility; (b) a facility or special unit of a facility primarily affording

rehabilitative care; or (c) a facility or special unit of a facility primarily affording care or treatment for the aged, or for chemical dependency, alcohol abuse, or mental or nervous disorder.

**HOSPITAL STAY** means one day or more of inpatient confinement within a HOSPITAL, and under the care of a PHYSICIAN, for which a charge for room and board is incurred due to an INJURY or SICKNESS.

**INHERITED METABOLIC DISEASE** means a disease caused by an inherited abnormality of body chemistry.

**INJURY** means accidental bodily injury sustained by a COVERED PERSON which is the direct cause independently of disease, bodily infirmity or other cause of the loss and occurs while the insurance is in force.

**INTENSIVE CARE** means care which is provided within a separate area or unit of a HOSPITAL that has been set aside for care of the critically ill or injured. The area or unit must have special monitoring equipment for the use of PHYSICIANS, nurses or other medical specialists assisting in the unit. INTENSIVE CARE does not include: step-down, isolation, telemetry, or post-intensive care units of a HOSPITAL.

**LOW PROTEIN MODIFIED FOOD PRODUCT** means a food product that is:

1. Specially formulated to have less than one (1) gram of protein per serving; and
2. Intended to be used under the direction of a PHYSICIAN for the dietary treatment of an INHERITED METABOLIC DISEASE.

**MASTECTOMY** means the removal of all or part of the breast for MEDICALLY NECESSARY reasons as determined by a PHYSICIAN who is licensed as a medical doctor or doctor of osteopathy.

**MEDICAL FOOD** means a food that is:

1. Intended for the dietary treatment of a disease or condition for which nutritional requirements are established by recognized scientific principles; and
2. Formulated to be consumed or administered enterally under the direction of a PHYSICIAN.

**MEDICALLY NECESSARY** means:

1. consistent with the symptoms or diagnosis and treatment of YOUR or a covered FAMILY MEMBER'S SICKNESS or INJURY; and
2. appropriate with regard to the standards of good medical practice; and
3. the most appropriate level of service that can be safely provided to YOU or a covered FAMILY MEMBER.

In order to determine that care is MEDICALLY NECESSARY, WE reserve the right to obtain, at OUR expense, a second opinion from a PHYSICIAN who (a) is not an employee or owner of a facility or agency from which YOU or a covered FAMILY MEMBER receive care, and (b) specializes in the condition that is the subject of YOUR claim.

**MENTAL ILLNESS** means psychosis, neurosis or an emotional disorder.

**PERIODIC PREVENTIVE CARE VISITS** means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

**PHYSICIAN** and **DOCTOR** mean a person duly licensed in the United States and duly qualified to provide care, treatment, services, or supplies for the INJURY or SICKNESS that is the subject of YOUR claim, or for the additional conditions or disorders, or diagnostic services, which are specifically covered under PART 12 of this policy, PHYSICIAN or DOCTOR does not include YOU or any member of YOUR household or immediate family. Primary Care Physician (PCP) means a PHYSICIAN who provides basic diagnosis and treatment of common illnesses and medical conditions. A Specialist means a PHYSICIAN who provides diagnosis and treatment for a specific specialty of medicine for which he or she has received additional education, training and experience.

**PRE-EXISTING CONDITION** means any medical condition, illness, disease, disorder, or INJURY for which symptoms existed that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment within the 12-month period immediately prior to the effective date of YOUR or the covered FAMILY MEMBER'S coverage under this policy. It also means any medical condition, illness, disease, disorder, or INJURY for which YOU or the covered FAMILY MEMBER did receive treatment or medical advice during the 12-month period immediately prior to YOUR or the covered FAMILY MEMBER'S effective date of coverage under this policy. Pre-existing condition will include any medical condition, illness, disease, disorder, or INJURY listed on YOUR application for YOU or a covered FAMILY MEMBER, which occurred within the 12-month period immediately prior to the effective date of YOUR or the covered FAMILY MEMBER'S coverage under this policy, irrespective of whether a rider has been issued. It also means a pregnancy existing at any time prior to, and which continues to exist as of, the Effective Date of YOUR or the covered FAMILY MEMBER'S coverage under this policy.

**RADIATION THERAPY** means the treatment of a SICKNESS by application of roentgen rays, radium, ultraviolet, and other radiations.

**RELATIVE VALUE UNITS** means the total unit value of the service, including all three components: PHYSICIAN work, facility practice expense, and professional liability expense, as contained in the national RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS).

**RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS)** means the scale of relative values for medical and surgical procedures that is maintained and updated by the Centers for Medicare and Medicaid Services with input from the AMA/Specialty Society Relative Value Scale Committee (RUC).

**SICKNESS** means a medical condition, illness, disease, or disorder which first manifests itself after the Effective Date of the policy and while this policy is in force. A medical condition, illness, disease, or disorder is "manifested" when it is diagnosed by a PHYSICIAN, or whenever the COVERED PERSON begins experiencing any symptom or sign of the medical condition, illness, disease, or disorder. SICKNESS includes continuations and reoccurrences of the medical condition, illness, disease, or disorder, and all general conditions associated with, related to, or caused by the medical condition, illness, disease, or disorder.

**SURGICAL PROCEDURE** means the performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, endoscopic examinations, and any one procedure designated by Current Procedural Terminology codes as surgery, except that venipuncture for the collection of blood for the purpose of performing a test shall not be considered a surgery. SURGICAL PROCEDURE shall also include all post-operative care for the 90-day period following surgery.

**WE, US, OUR** and **COMPANY** mean Liberty National Life Insurance Company.

**YOU, YOUR, YOURS** and **INSURED** mean the COVERED PERSON whose name is shown in the POLICY SCHEDULE as the INSURED.

#### **PART 1 DAILY HOSPITAL ROOM AND BOARD BENEFIT**

WE will pay a benefit for MEDICALLY NECESSARY HOSPITAL room expenses incurred by YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY. Such HOSPITAL room expenses incurred must be the result of an INJURY or SICKNESS. The benefit payable shall not exceed the Daily HOSPITAL Room and Board Benefit stated in the Benefit Schedule for each day of the HOSPITAL STAY, and shall not be for more than 2 years for any one INJURY or SICKNESS.

#### **PART 2 DAILY INTENSIVE CARE BENEFIT**

WE will pay a benefit for MEDICALLY NECESSARY INTENSIVE CARE expenses incurred by YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY. Such INTENSIVE CARE admission and expenses incurred must be the result of an INJURY or SICKNESS. The benefit payable shall not exceed the Daily Intensive Care Benefit stated in the Benefit Schedule for each day of INTENSIVE CARE, and shall not be for more than 90 days for any one INJURY or SICKNESS.

The benefit payable under this PART 2 for any day of INTENSIVE CARE is in lieu of the Daily Hospital Room and Board Benefit provided under PART 1 of this policy.

#### **PART 3 MISCELLANEOUS HOSPITAL EXPENSE BENEFIT**

WE will pay a benefit at the rate of 80% of the expenses incurred by YOU or a covered FAMILY MEMBER, in excess of the HOSPITAL Deductible Amount stated in the Benefit Schedule, for MEDICALLY NECESSARY care, treatment, services, and supplies provided by a HOSPITAL to or for YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY, or for MEDICALLY NECESSARY care, treatment, services, and supplies provided by a HOSPITAL or AMBULATORY SURGICAL CENTER to or for YOU or a covered FAMILY MEMBER during a necessary outpatient admission for a SURGICAL PROCEDURE payable under PART 4 of this policy. Such care, treatment, services, and supplies and expenses incurred during a HOSPITAL STAY or an outpatient surgical admission must be the result of an INJURY or SICKNESS.

The benefit under this PART 3 will not exceed the amount of the Miscellaneous Hospital Expense Benefit stated in the Benefit Schedule for all such expenses incurred during a necessary HOSPITAL STAY or a necessary outpatient surgical admission, or for any one INJURY or SICKNESS, irrespective of the number of necessary HOSPITAL STAYS or outpatient surgical admissions. Only one benefit is payable for a HOSPITAL STAY or outpatient surgical admission even if the COVERED PERSON'S care, treatment, services, and supplies are for multiple INJURIES or SICKNESSES during any HOSPITAL STAY or outpatient surgical admission.

In determining the benefit payable under this PART 3, WE will not include expenses incurred for: (1) PHYSICIAN charges (including professional charges); (2) HOSPITAL room charges; (3) INTENSIVE CARE charges; or (4) charges for which coverage is provided or any benefit is payable under any other PART of this policy.

WE will pay the larger of either the Miscellaneous Hospital Expense Benefit payable under this PART 3 or the Outpatient Expense Benefit payable under PART 10, but not both, where surgery is performed in a HOSPITAL or AMBULATORY SURGICAL CENTER on an outpatient basis.

## **PART 4**

## **SURGICAL PROCEDURE BENEFITS**

### **1. SURGEON BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN performing a MEDICALLY NECESSARY SURGICAL PROCEDURE on YOU or a covered FAMILY MEMBER. Such SURGICAL PROCEDURE and expenses incurred must be the result of an INJURY or SICKNESS. The benefit will be equal to the fee charged by the PHYSICIAN for the SURGICAL PROCEDURE, but, in no event will the benefit payable be more than the lesser of either: (a) an amount equal to the Surgery Conversion Factor stated in the Benefit Schedule times the RELATIVE VALUE UNITS for that procedure as contained in the national RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS) last published and effective before the date of the SURGICAL PROCEDURE; or (b) the Surgeon Benefit Limit amount stated in the Benefit Schedule. If the SURGICAL PROCEDURE is not contained in the RBRVS, the benefit payable will be the lesser of: (a) the fee charged by the PHYSICIAN for the SURGICAL PROCEDURE; (b) the amount that would be payable for the most comparable SURGICAL PROCEDURE in severity and gravity; or (c) the Surgeon Benefit Limit amount stated in the Benefit Schedule. In the event that the RBRVS is discontinued, WE shall thereafter have the right to continue to use the RELATIVE VALUE UNITS contained in the last published RBRVS or, at OUR option and upon reasonable written notice to YOU, WE may designate an alternative, generally accepted, method to be used for determining relative values from the date specified in OUR notice.

WE will not pay a benefit for more than one SURGICAL PROCEDURE (the largest applicable) under this PART 4 for all SURGICAL PROCEDURES performed as a result of any one INJURY or SICKNESS.

For any one INJURY or SICKNESS, WE will pay the greater of either: (a) the Surgeon Benefit provided in this PART 4; or (b) the total of all Inpatient Physician Expense Benefits under PART 8 and Doctor Office Visit Benefits under PART 9 which would otherwise be payable.

### **2. ASSISTANT SURGEON BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN providing MEDICALLY NECESSARY assistance to the primary PHYSICIAN during a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under this PART 4. Such surgical assistance and expenses incurred must be the result of an INJURY or SICKNESS. The benefits will not exceed 20% of the amount payable for the Surgeon Benefit.

### **3. ADMINISTRATION OF ANESTHETIC BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN providing MEDICALLY NECESSARY administration of anesthetic to YOU or a covered FAMILY MEMBER during a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under this PART 4. Such anesthetic administration and expenses incurred must be the result of an INJURY or SICKNESS. The administration of anesthetic must be by a PHYSICIAN or a legally qualified anesthetist. The benefits will not exceed 25% of the amount payable for the Surgeon Benefit. WE will not pay any benefit for the administration of anesthetic by the primary PHYSICIAN or the assistant surgeon.

## **PART 5**

## **RADIATION THERAPY BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY RADIATION THERAPY provided to or for YOU or a covered FAMILY MEMBER at a HOSPITAL or PHYSICIAN'S office. Such RADIATION THERAPY and expenses incurred must be the result of an INJURY or SICKNESS. WE will not pay benefits in excess of the Radiation Therapy Benefit stated in the Benefit Schedule for all such expense incurred because of any one INJURY or SICKNESS. The benefit under this PART 5 will be calculated and paid based on a single diagnosed SICKNESS, and not according to the bodily location or locations where the diagnosed SICKNESS may be present or has or have been treated.

If a benefit or benefits are payable under any other PART of this policy for an incurred expense also payable under this PART 5, only one benefit, the largest, will be payable for such expense.

## **PART 6**

## **PRIVATE DUTY NURSE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for the MEDICALLY NECESSARY full-time care and attendance of a private duty licensed nurse (L.V.N., L.P.N., or R.N.) provided to or for YOU or a covered FAMILY MEMBER during a HOSPITAL STAY. Such private duty nurse care, treatment, or services and expenses incurred must be the result of an INJURY or SICKNESS. WE will pay up to the Private Duty Nurse Benefit stated in the Benefit Schedule per 8 hour shift, but shall not pay for more than 2 shifts per day, or in excess of a total of 180 shifts as a result of any one INJURY or SICKNESS.

WE will not pay benefits for private duty nurse care, treatment or services provided by a COVERED PERSON or a member of any COVERED PERSON'S household or immediate family.

**PART 7****AMBULANCE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY ambulance service for YOU or a covered FAMILY MEMBER. Such ambulance service and expenses incurred must be the result of an INJURY or SICKNESS. The ambulance service must be to or from a HOSPITAL. WE will not pay more than the Ambulance Benefit stated in the Benefit Schedule for any one INJURY or SICKNESS, regardless of the frequency that ambulance service is required because of that INJURY or SICKNESS. Only one benefit will be payable for any one trip.

**PART 8****INPATIENT PHYSICIAN EXPENSE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY care, treatment, and services provided to or for YOU or a covered FAMILY MEMBER by one PHYSICIAN during a necessary HOSPITAL STAY according to the following:

1. If a SURGICAL PROCEDURE for which a benefit is payable under PART 4 of this policy was not performed, WE will pay an amount not to exceed the Inpatient Physician Expense Benefit stated in the Benefit Schedule. Only one Inpatient Physician Expense Benefit will be paid per day, regardless of the number of PHYSICIANS rendering care, treatment or services to or for YOU or the covered FAMILY MEMBER; and
2. If a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under PART 4 of this policy was performed for any one INJURY or SICKNESS, WE will pay an amount equal to the greater of: (a) the applicable Surgeon Benefit in PART 4; or (b) the total of the benefit in (1) above which would otherwise be payable plus any Doctor Office Visit Benefits payable under PART 9.

A benefit will only be paid if such PHYSICIAN care, treatment, and services and expenses incurred were the result of an INJURY or SICKNESS. The total benefit payable under this PART 8 shall not exceed the Inpatient Physician Expense Maximum for any one INJURY or SICKNESS.

**{PART 9****DOCTOR OFFICE VISIT BENEFIT**

WE will pay benefits for expenses incurred by YOU or a covered FAMILY MEMBER for outpatient care, treatment and services, by a DOCTOR provided to or for YOU or a covered FAMILY MEMBER at the DOCTOR'S office, clinic, a HOSPITAL (on an outpatient basis), or at place of residence according to the following:

1. For MEDICALLY NECESSARY care, treatment and services resulting from an INJURY or SICKNESS which does not require a SURGICAL PROCEDURE, WE will pay a benefit at the rate of 80% of the fee charged by the DOCTOR, but, in no event will the benefit payable for such care, treatment and services be more than the Doctor Office Visit Benefit stated in the Benefit Schedule. Only one Doctor Office Visit Benefit will be paid per day, regardless of the number of DOCTORS providing care, treatment, and services to or for YOU or the covered FAMILY MEMBER and regardless of the number of visits during the day;
2. For MEDICALLY NECESSARY care, treatment, and services resulting from any one INJURY or SICKNESS which requires a SURGICAL PROCEDURE, WE will pay an amount equal to the greater of the applicable Surgeon Benefit in PART 4 or the total of the benefit in (1) above which would otherwise be payable plus any Inpatient Physician Expense Benefits payable under PART 8; and
3. For a physical wellness exam in the absence of INJURY or SICKNESS, WE will pay a benefit at the rate of 80% of the fee charged by the DOCTOR, but, in no event will the benefit payable for any physical wellness exam performed exceed the Wellness Exam Benefit stated in the Benefit Schedule. Each COVERED PERSON will be entitled to one physical wellness exam per policy year.

The total benefits payable under this PART 9 shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule during any policy year.}

**PART 10****OUTPATIENT EXPENSE BENEFIT**

WE will pay a benefit at the rate of 80% of expenses incurred by YOU or a covered FAMILY MEMBER, in excess of the Outpatient Deductible Amount stated in the Benefit Schedule, for MEDICALLY NECESSARY outpatient care, treatment, and services provided to or for YOU or a covered FAMILY MEMBER. Such outpatient care, treatment, and services and expenses incurred must be the result of an INJURY or SICKNESS. Outpatient care, treatment, and services include:

1. Outpatient HOSPITAL expense;
2. Diagnostic imaging performed at other duly licensed locations; and
3. Laboratory tests performed at other duly licensed locations, including pathology tests.

WE will not pay in excess of the Outpatient Expense Benefit stated in the Benefit Schedule for expenses incurred for outpatient care, treatment, and services resulting from any one INJURY or SICKNESS.

If a benefit or benefits are payable under any other PART of this policy for an incurred expense also payable under this PART 10, only one benefit, the largest, will be payable for such expense.

## **PART 11 REFUND OF PREMIUMS FOR LOSS OF LIFE FROM ACCIDENTAL INJURY**

WE will refund to YOUR estate the premiums paid for YOUR individual coverage under this policy if YOU die due to an INJURY while YOUR coverage is in force or effect. WE will refund to YOU the premiums paid under this policy for the coverage of a covered FAMILY MEMBER if that member dies due to an INJURY while his or her coverage is in force or effect.

To be entitled to said refund of premium, the death must occur while this policy is in force and within 180 days of the INJURY causing death.

## **PART 12 OTHER BENEFITS**

On the condition that a benefit for expenses incurred for the following care, treatment, services, and supplies is not elsewhere provided in this policy, WE will pay benefits for expenses incurred for the following care, treatment, services, and supplies provided to a COVERED PERSON while this policy is in force according to the terms, dollar amounts and maximums set forth below in this PART 12 with respect to such covered care, treatment, services, and supplies. ALL BENEFITS PAYABLE UNDER THIS PART 12 SHALL BE SUBJECT TO ALL POLICY PROVISIONS, LIMITATIONS AND EXCLUSIONS, DEDUCTIBLES, CO-PAYS, CO-INSURANCE, AND DOLLAR-LIMIT PROVISIONS OF THIS POLICY, EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED IN THIS PART 12. A benefit payable under this PART 12 shall not duplicate any benefit or benefits payable under any other PART or PARTS of this policy. The total benefit payable for care, treatment, services, and supplies covered under this PART 12 of the policy, together with benefits paid under any other policy or policies issued by US to YOU or a covered FAMILY MEMBER, will never exceed the total expense incurred by YOU or the covered FAMILY MEMBER for such care, treatment, services, and supplies.

### **1. MATERNITY BENEFITS, MINIMUM HOSPITAL STAYS**

As described in PART 13(1), this policy does not provide benefits for normal pregnancy. However, for a HOSPITAL STAY for which benefits are otherwise provided under this policy to a COVERED PERSON for a distinct complication of pregnancy, WE will provide a benefit for expenses incurred due to a distinct complication of pregnancy by any COVERED PERSON for a HOSPITAL STAY and inpatient care for a minimum of forty-eight (48) hours of inpatient care following vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following a cesarean section for a mother, her newly born child, or both, in a HOSPITAL or any other health care facility licensed to provide obstetrical care, when that HOSPITAL STAY is deemed MEDICALLY NECESSARY by the attending PHYSICIAN, who is a medical doctor.

### **2. BREAST RECONSTRUCTIVE SURGERY AND PROSTHETIC DEVICE BENEFIT**

WE will provide a benefit for the following expenses incurred by YOU or a covered FAMILY MEMBER for prosthetic devices, breast reconstructive surgery, or both, for a COVERED PERSON incident to a MASTECTOMY covered under this policy, including:

- 1) Reconstruction of the breast on which the MEDICALLY NECESSARY MASTECTOMY has been performed;
- 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 3) Prostheses and physical complications from all stages of MASTECTOMY, including lymphedemas.

To be covered, breast reconstructive surgery must be in the manner chosen by the affected COVERED PERSON'S treating PHYSICIAN, who is a licensed medical doctor or doctor of osteopathy, consistent with prevailing medical standards, and in consultation with the affected COVERED PERSON.

A benefit for prosthetic devices and breast reconstructive surgery covered under this subpart of PART 12 will be paid as follows:

- a. For prosthetic devices and breast reconstructive surgery not covered under PARTS 1-10 of this policy because such care is not being provided in relation to a SICKNESS, or because maximum policy benefits have been paid previously for the SICKNESS that resulted in the MEDICALLY NECESSARY MASTECTOMY, WE will consider all that COVERED PERSON'S prosthetic devices and breast reconstructive surgery(ies) collectively, as though they were for a single SICKNESS (separate from the SICKNESS that resulted in the MEDICALLY NECESSARY MASTECTOMY) under this policy.
- b. For prosthetic devices and breast reconstructive surgery not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum equal to 80% of the incurred expenses, but not to exceed a maximum benefit of \$500 for prosthetic devices and breast reconstructive surgery for any one COVERED PERSON.

### **3. CHILD PREVENTIVE HEALTH CARE SERVICES BENEFIT**

WE will provide a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for PERIODIC PREVENTIVE CARE VISITS related to CHILD PREVENTIVE HEALTH CARE SERVICES for a COVERED PERSON when that COVERED PERSON attains the following ages: birth, two months, four months, six months, nine months, twelve months, eighteen months, two years, three years, four years, five years, six years, eight years, ten years, twelve years, fourteen years, sixteen years and eighteen years. CHILD PREVENTIVE HEALTH CARE SERVICES shall be limited to services provided by or under the supervision of a

single PHYSICIAN or other primary health care provider who is a licensed medical doctor or doctor of osteopathy during the course of one visit.

If the periodic visit is not otherwise covered under another PART of this policy, WE will pay a benefit under this subpart of PART 12 in accordance with the following:

- a. For the expenses incurred for the services attributable to a history, physical examination, developmental assessment anticipatory guidance, or any combination thereof, WE will make payment as if such services were for a covered PHYSICIAN'S wellness exam payable under PART 9(3). This benefit will be provided for each such periodic visit. The combined amount of payments made during any policy year for any one COVERED PERSON under 16 years of age for Doctor Office Visits payable under PART 9, as stated in the Benefit Schedule, and for periodic visits during which services attributable to a history, physical examination, developmental assessment and anticipatory guidance are provided, payable as set forth herein, shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule.
- b. For the expenses incurred for the services attributable to immunizations, laboratory tests, or both, WE will pay a sum of money equal to 80% of the incurred expenses, not to exceed a maximum benefit of \$250 for each covered periodic visit during which either immunizations, laboratory tests, or both are provided to or for any one COVERED PERSON.

This benefit is exempt from any deductible provision, but remains subject to all co-pay and coinsurance provisions, of this policy.

#### **4. DIABETES BENEFIT**

WE will provide a benefit for expenses incurred by a COVERED PERSON for medically appropriate and necessary equipment, supplies, diabetes outpatient self-management training and educational services, or any combination thereof, used in the management and treatment of diabetes for persons with gestational, type I or type II diabetes, if the COVERED PERSON'S treating PHYSICIAN or a PHYSICIAN who specializes in the treatment of diabetes certifies that such services are necessary.

The diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Any nutrition counseling must be provided by a licensed dietician.

For equipment, supplies, treatment, service, training, or any combination thereof, for diabetes covered under this subpart of PART 12, and not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge not to exceed a maximum benefit of \$1,500 during any policy year for all equipment, supplies, treatment, service, or training for diabetes provided that COVERED PERSON.

#### **5. ANESTHESIA AND HOSPITALIZATION FOR DENTAL PROCEDURES BENEFIT**

WE will provide a benefit for general anesthesia, hospital charges, or both for dental care charges incurred in a HOSPITAL or AMBULATORY SURGICAL CENTER when the procedure is performed by (i) a fully accredited specialist in pediatric dentistry or other dentist fully accredited in a recognized dental specialty for which HOSPITAL or AMBULATORY SURGICAL CENTER privileges are granted; (ii) a dentist who is certified by virtue of completion of an accredited program of postgraduate training to be granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; or (iii) a dentist who has not yet satisfied certification requirements but has been granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; and when the COVERED PERSON receiving such treatment:

- 1) is younger than 7 years of age;
- 2) has a serious mental or physical condition; or
- 3) has significant behavioral problems.

This benefit does not cover routine dental care, including the diagnosis or treatment of disease or other dental conditions and procedures not specifically covered under this subpart of PART 12.

A benefit for anesthesia or facility charges for dental care covered under this subpart of PART 12 will be paid as follows:

- a. For anesthesia or facility charges for dental care not otherwise eligible for coverage under this policy, WE will consider that COVERED PERSON'S incurred expenses for anesthesia and facility charges for dental care as though they were eligible for coverage under PARTS 1-4 and PART 10 of the policy.
- b. For anesthesia or facility charges for dental care not covered under PARTS 1-10 of this policy, or brought within the scope of coverage based on (a) above, WE will pay a sum equal to 80% of the incurred expenses, but not to exceed a maximum benefit of \$100 for all anesthesia and facility charges for dental care provided to any one COVERED PERSON.



## **6. SPEECH AND HEARING DISORDERS BENEFIT**

WE will provide a benefit for the expenses incurred for **MEDICALLY NECESSARY** care and treatment of loss or impairment of speech or hearing, or both if treated by a speech pathologist, audiologist or speech language pathologist licensed by the state board of healing arts or certified by the American Speech-Language and Hearing Association or both, and which fall within the scope of their license or certification. This benefit does not cover hearing aids, instruments or devices.

Benefits for speech and hearing disorders covered under this subpart of PART 12 will be paid as follows:

- a. For speech or hearing treatment or care not covered under PARTS 1-10 of this policy because such treatment or service is not being provided in relation to a covered SICKNESS, WE will consider that COVERED PERSON'S speech or hearing treatment as though it was for a covered SICKNESS under PART 9. The combined amount of payments made for any one COVERED PERSON for Physician Office Visit Benefits payable under PART 9 and speech and hearing disorders benefits payable under this subpart of PART 12 shall not exceed the Physician Office Visit Yearly Maximum shown on the Benefit Schedule for all benefits paid during any one policy year.
- b. For speech or hearing treatment not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$50 for each visit with a professional described in this subpart for any one COVERED PERSON, and when combined with the Physician Office Visit Benefits payable under PART 9, not to exceed the Physician Office Visit Yearly Maximum shown on the Benefit Schedule for benefits paid during any one policy year.

## **7. MEDICAL FOODS AND LOW PROTEIN MODIFIED FOOD PRODUCTS BENEFIT**

WE will provide a benefit for the expense incurred for **MEDICAL FOODS, LOW PROTEIN MODIFIED FOOD PRODUCTS**, amino acid modified preparations and any other special dietary products and formulas for the treatment of **INHERITED METABOLIC DISEASES** if the **MEDICAL FOODS** or **LOW PROTEIN MODIFIED FOOD PRODUCTS**, amino acid modified preparations and other special dietary products and formulas are prescribed as **MEDICALLY NECESSARY** for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias and disorders of amino acid metabolism, and administered under the direction of a **PHYSICIAN**.

For benefits for **MEDICAL FOODS** and **LOW PROTEIN MODIFIED FOOD PRODUCTS** covered under this subpart of PART 12 that are not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$2,400 for each COVERED PERSON during any one policy year as provided under the Income Tax Act of 1929.

## **8. COLORECTAL CANCER SCREENING BENEFIT**

WE will provide a benefit for the expense incurred for colorectal cancer examinations and laboratory tests for a COVERED PERSON who is 50 years of age or older, at high risk for colorectal cancer according to American Cancer Society colorectal cancer screening guidelines as they existed on January 1, 2005, or experiencing the symptoms of colorectal cancer as determined by a **PHYSICIAN** licensed under the Arkansas Medical Practices Act, §17-95-201 et seq., §17-95-301 et seq., and §17-95-401 et seq., including bleeding from the rectum or blood in the stool, or a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts more than five (5) days. The colorectal screening shall involve an examination of the entire colon, and WE will provide a benefit for colorectal cancer screening for any one of the following options:

- 1) An annual fecal occult blood test utilizing the take-home multiple sample method, or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five (5) years;
- 2) A double-contrast barium enema every five (5) years; or
- 3) A colonoscopy every ten (10) years, and follow-ups based on the following schedule:
  - i. If the initial colonoscopy is normal, a follow-up is covered once every ten (10) years;
  - ii. For individuals with one (1) or more neoplastic polyps, adenomatous polyps, and the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps was performed, a follow-up will be covered after three (3) years;
  - iii. If single tubular adenoma of less than one centimeter (1 cm) is found, a follow-up will be covered after five (5) years; and
  - iv. For patients with large sessile adenomas greater than three centimeters (3 cm), a follow-up will be covered after six (6) months, or continuously until complete polyp removal is verified by colonoscopy.
- 4) Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health determined in consultation with appropriate health care organizations.

Benefits for colorectal cancer screening covered under this subpart of PART 12 will be paid as follows:

- a. For colorectal cancer screening not covered under PARTS 1-10 of this policy because such treatment or service is not being provided in relation to a covered SICKNESS, WE will consider that COVERED PERSON'S colorectal cancer testing as though it was for a covered SICKNESS under PART 9 and PART 10 of this policy.

- b. For colorectal cancer screening not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$50 for each screening provided a COVERED PERSON.

#### **9. MENTAL ILLNESS BENEFIT**

WE will provide a benefit for expenses incurred for a COVERED PERSON for the treatment of MENTAL ILLNESS on an inpatient or outpatient basis. Benefits will be provided to the same extent as any other physical illness covered under this policy.

#### **10. TEMPOROMANDIBULAR JOINT DISORDER AND CRANIOMANDIBULAR JAW DISORDER BENEFIT**

WE will provide coverage for the treatment and care provided to or for a COVERED PERSON for the diagnostic procedure and surgical treatment of temporomandibular and craniomandibular disorder if, under accepted medical standards, such diagnostic procedure or surgery is MEDICALLY NECESSARY to treat conditions caused by a congenital or developmental deformity, disease, disorder, or INJURY. A temporomandibular and craniomandibular disorder shall be considered to be a SICKNESS under this policy, and benefits will be paid under PARTS 1-10 as applicable. However, this policy does not include coverage for orthodontic appliances and treatment, crowns, bridges and dentures unless the disorder is trauma related.

### **PART 13**

#### **LIMITATIONS AND EXCLUSIONS**

Except to the extent specifically and directly provided elsewhere in this policy to the contrary, WE will not pay benefits under this policy for:

1. Normal pregnancy (including childbirth, false labor, occasional spotting, PHYSICIAN-prescribed rest, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with a difficult pregnancy which do not constitute a distinct complication of pregnancy) or voluntary termination of pregnancy; or
2. Any charges for (1) usual and customary routine nursery care; or (2) well-baby care, immunizations, medical examinations or tests of any kind; or (3) any other usual and customary routine care and treatment following full term or premature birth, not incident and necessary to the treatment of INJURY or SICKNESS; or
3. Convalescent or skilled nursing care in a facility other than a HOSPITAL; educational care; or for nervous or mental disorders; or
4. Any dental treatment (except as necessitated by INJURY), hearing aids, or eye refractive exams, surgery or treatment; or
5. Any HOSPITAL STAY, INTENSIVE CARE unit admission, or other care, treatment, services, or supplies for which YOU or a covered FAMILY MEMBER do not incur a charge; or
6. Any HOSPITAL STAY, INTENSIVE CARE unit admission, or other care, treatment, services, or supplies that are not MEDICALLY NECESSARY for diagnosis of or for care, treatment, or services resulting from an INJURY or SICKNESS; or
7. Any cosmetic or elective procedures and any related complications; or
8. Any expense incurred in excess of the usual, customary, and reasonable charges for any care, treatment, service, or supply in the geographic area where furnished; or
9. Professional radiological, pathological or EKG interpretations during a HOSPITAL STAY; or
10. Any rehabilitative care services received at a facility not meeting the definition of a HOSPITAL; or
11. Any care, treatment, services, or supplies received outside of the U.S. boundaries or territories; or
12. Any Infertility care, treatment or services; or sterilization or reversal of sterilization procedures; or
13. Any medical condition, illness, disease, or disorder that first manifests itself before the effective date of the policy; or
14. Any care, treatment, services, or supplies for obesity or morbid obesity, including but not limited to, gastric banding ("lapband"), vertical banded gastroplasty, Roux-en-Y gastric bypass, DISTAL gastric bypass (duodenal switch, biliopancreatic diversion), or stomach stapling procedures, even if the COVERED PERSON has a health condition or conditions that might be benefited thereby; or
15. Any care, treatment, services, or supplies for drug abuse or addiction, including alcoholism or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a PHYSICIAN; or any loss caused directly or indirectly, wholly or partially, or contributed to by or as a result of any COVERED PERSON being under the influence of an intoxicant or a narcotic; or
16. Suicide, or treatment of an attempted suicide, or any intentionally self-inflicted injury, while sane or insane.

#### **POLICY PROVISIONS**

**ELIGIBILITY AND INSURED'S TERMINATION:** YOU, as the INSURED, are the beneficiary of YOUR covered FAMILY MEMBERS. Every transaction relating to this policy shall be between US and YOU.

A new family member, (including husband, wife, or any children under the age of 19 at the time the Policy is issued) will be covered; each new family member must be named in the application. Stepchildren and legally adopted children can be included if listed in the application. Any newborn or newly adopted children of the Primary INSURED will automatically be a COVERED PERSON from the moment of birth or adoption if such birth or adoption occurs after the Effective Date of the policy. This will also

cover children YOU have filed a petition to adopt. YOU may apply for coverage on other dependents acquired after the Effective Date of the policy, subject to OUR approval.

Coverage on YOUR children terminates when they marry. It also terminates on the policy anniversary date following their 25th birthday, unless they are still dependent on YOU due to a physical or mental handicap. YOU must furnish US proof of the handicap within 31 days of the termination date. WE may require at reasonable intervals during the two years following the child's 25th birthday subsequent proof of the child's disability and dependency. After the two-year period, WE may require such proof not more than once each year.

In the event of YOUR death or other termination of YOUR coverage, the following shall successively become the INSURED: (1) YOUR spouse (if YOUR spouse is a covered FAMILY MEMBER), or (2) YOUR eldest remaining covered FAMILY MEMBER.

**RIGHTS OF A SPOUSE:** Should YOU and YOUR spouse dissolve YOUR marriage by a valid decree of dissolution of marriage and the spouse was a covered FAMILY MEMBER, the spouse can apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, the spouse must make application to the COMPANY within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting or probationary period is required, except to the extent that such period has not been met under the prior policy.

**PREMIUM PAYMENT:** This policy is issued based on the application and the payment of the first premium. A copy of the application is a part of this policy. This policy takes effect at 12 o'clock noon, Standard Time of the place where YOU reside, and remains in effect until the same hour on the date that the initial term expires.

The effective date of this policy, the first premium, and the date the initial term expires are stated in the POLICY SCHEDULE. All premiums, except the first premium, shall be due and payable at OUR Administrative Offices.

**ENTIRE CONTRACT; CHANGES:** This policy, with the application and attached papers, is the entire contract between YOU and US. No change in this policy shall be effective until approved by an officer of US. This approval must be noted on or attached to this policy.

No agent may change this policy or waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After 2 years from the effective date, only fraudulent misstatements in the application may be used to void this policy or deny any claim for loss incurred after the 2-year period.

After 2 years from the date of an endorsement adding a FAMILY MEMBER, other than a newborn or newly adopted child, only fraudulent misstatements in the application may be used to void the endorsement or deny any claim for loss incurred after the 2 year period.

**GRACE PERIOD:** This policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, this policy will stay in force.

**REINSTATEMENT:** If the renewal premium is not paid before the grace period ends, this policy will lapse. Later acceptance of the premium by US without requiring an application for reinstatement will reinstate this policy.

If WE require an application, this policy will be reinstated when WE approve the application, or on the 45th day after WE receive it, unless WE have previously written to YOU of its disapproval.

The reinstated policy will cover only loss that results from an INJURY sustained after the date of reinstatement or a SICKNESS that manifests itself more than 10 days after such date. In all other respects, YOUR rights and OUR rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

**NOTICE OF CLAIM:** Written notice of claim must be given to US within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to US at OUR Administrative Offices in McKinney, Texas or to OUR agent.

Notice should include YOUR name and YOUR policy number.

**CLAIM FORMS:** When WE receive the Notice of Claim, WE will send YOU forms for filing proof of loss. If these forms are not given to YOU within 15 days, YOU may meet the proof of loss requirements by giving US a written statement of the nature and extent of the loss within the time limit stated in the PROOFS OF LOSS Provision set forth below.

**PROOFS OF LOSS:** YOU must give US written proof of loss to OUR satisfaction within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, WE will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless YOU were legally incapacitated.

**TIME OF PAYMENT OF CLAIMS:** After receiving proper written proof of loss satisfactory to US, WE will pay to YOU, or at OUR option to the HOSPITAL, DOCTOR, or person rendering services covered by this policy, all benefits then due for such loss.

**PAYMENT OF CLAIMS:** Benefits will be paid, after receiving a claim form and proper written proof of loss satisfactory to US, to YOU, or at OUR option to the HOSPITAL, DOCTOR, or person providing care, treatment, services, or supplies covered by this policy. Any benefit unpaid at death may be paid to YOUR named beneficiary or, at OUR option, to YOUR estate. If benefits are payable to YOUR estate, WE can pay benefits up to \$3,000 to someone related to YOU by blood or marriage whom WE consider to be entitled to the benefits. WE will be discharged to the extent of any such payment made in good faith.

**PHYSICAL EXAMINATIONS:** WE, at OUR expense, have the right to have YOU or a covered FAMILY MEMBER examined as often as reasonably necessary while a claim is pending.

**NONDUPLICATION OF COVERAGE:** The benefits payable under this policy shall be excess over benefits paid or payable or required to be provided:

1. under any workers' compensation, occupational disease, employers' liability or similar law;
2. under any motor vehicle no-fault plan or coverage or similar law; and
3. under any national, state, or other governmental plan not limited to governmental employees or their families, such as Medicare or Medicaid.

**REFUND OF UNEARNED PREMIUMS ON DEATH:** Upon the death of a FAMILY MEMBER insured under this policy, WE will refund any premiums paid in behalf of the member, for any period beyond the ending of the policy month the death occurred, within 30 days after WE receive proof of death.

**SUBROGATION; REIMBURSEMENT:** YOU agree that, to the extent of the benefits paid under this policy, WE shall be subrogated to all YOUR rights to damages or recovery for any INJURY or SICKNESS, or any care, treatment, services, or supplies provided, for which a third party or parties, or their insurance carrier(s), are or may be liable or responsible. YOU agree to repay US first out of any monies YOU receive or recover by settlement, judgment or otherwise, regardless of whether YOU are fully compensated for YOUR losses and damages. In the event that WE retain OUR own attorney to represent OUR subrogation interest, WE will not be responsible for paying a portion of YOUR attorney fees or costs.

YOU assign to US YOUR claims and rights against all liable or responsible third party or parties and their insurance carrier(s) to the extent of OUR payments, and shall do nothing after the loss to prejudice OUR subrogation rights. Entering into a settlement or compromise arrangement with a third party or parties, or their insurance carrier(s), without OUR prior written consent, shall be deemed to prejudice OUR subrogation rights. YOU shall promptly advise US in writing whenever a claim or demand against a third party or parties, or their insurance carrier(s), is made, and shall further provide to US such additional information and execute and deliver such instruments or papers as are reasonably requested by US to secure OUR subrogation rights. YOU agree to fully cooperate in protecting OUR subrogation rights against the liable or responsible third party or parties, and their insurance carrier(s).

**LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of the claim is required to be given.

**CONFORMITY WITH STATE STATUTES:** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which YOU reside on that date, is amended to conform to the minimum requirements of such laws.

**ASSIGNMENT:** No assignment under this policy shall be binding upon US unless the original written assignment (or a copy thereof) is on file at OUR Administrative Offices. At OUR option, WE may waive this requirement. WE do not assume any responsibility for the validity of any assignment.

This policy is signed for US by OUR President and Secretary.

 SPECIMEN

Secretary

 SPECIMEN

President

Countersigned:

\_\_\_\_\_  
Licensed Resident Agent where required by law.

LIMITED BENEFIT HOSPITAL, SURGICAL AND MEDICAL EXPENSE POLICY  
GUARANTEED RENEWABLE FOR YOU AND EACH COVERED FAMILY MEMBER AS STATED IN THE RENEWAL  
AGREEMENT. COMPANY CANNOT CANCEL POLICY. COMPANY MAY CHANGE PREMIUM RATES BY CLASS.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085**  
**A Legal Reserve Stock COMPANY \* Administrative Offices: McKinney, Texas**

**30-DAY RIGHT TO EXAMINE POLICY**

If YOU are not satisfied with this policy for any reason, return it to OUR Administrative Offices or to the agent within 30 days after YOU receive it. Any premium YOU paid will be refunded. The policy will be void from the beginning. It will be as if no policy had been issued.

**RENEWAL AGREEMENT**

YOU can continue this policy in force for successive renewal terms of 1 month, 3 months, 6 months, or 12 months by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under OUR applicable table of premium rates that is in effect on the respective due dates of the premiums. WE have the right to change the renewal premiums for this policy when WE change, and in accordance with, OUR table of premium rates applicable to all policies of this form and class. Class is based on benefit amounts, persons covered under the policy, state of issue, age at issue, gender, underwriting group and geographic rating area. WE also have the right to change the renewal premiums for this policy when the persons covered under the policy change, in accordance with the table of premium rates applicable to all policies of this form and class.

**BENEFIT SCHEDULE**

PART 1 Daily Hospital Room and Board Benefit . .up to \$ [400.00]	PART 7 Ambulance Benefit . . . . . up to \$ [200.00]
PART 2 Daily Intensive Care Benefit . . . . . up to \$ [800.00]	PART 8 Inpatient Physician Expense Benefit . . up to \$ [35.00]
PART 3 Misc. Hospital Expense Benefit . . .80% up to \$ [15,000.00]	Inpatient Physician Expense Maximum . . . . \$ [2,000.00]
Hospital Deductible Amount . . . . . \$ [2,500.00]	PART 9 {Doctor Office Visit Benefit . . . . .80% up to \$ [50.00]}
PART 4 Surgeon Benefit Limit . . . . . up to \$ [5,000.00]	{Wellness Exam Benefit . . . . .80% up to \$ [100.00]}
Surgery Conversion Factor . . . . . [90]	{Doctor Office Visit Yearly Maximum . . . . . \$ [500.00]}
PART 5 Radiation Therapy Benefit . . . . . up to \$ [5,000.00]	PART 10 Outpatient Expense Benefit . . . . .80% up to \$ [500.00]
PART 6 Private Duty Nurse Benefit . . . . . up to \$ [75.00]	{Outpatient Deductible Amount . . . . . \$ [100.00]}

**POLICY SCHEDULE**

INSURED	POLICY NUMBER	EFFECTIVE DATE	INITIAL TERM EXPIRES ON	INITIAL PREMIUM
[John Doe]	12345678	05-01-09	06-01-09	\$100.00]

**ADDITIONAL BENEFIT RIDERS**

[Increasing Benefit Rider], [Critical Illness Rider], [Accident Rider], [Cancer Rider]

---

The Policy Schedule includes premiums for additional benefit riders, if any, unless provided to the contrary in the rider(s).

---

## INSURING CLAUSE

The COMPANY insures YOU against specified losses incurred by a COVERED PERSON. Benefits payable under this policy, subject to all of its provisions, limitations and exclusions, will be paid to YOU or, at OUR option, to the HOSPITAL, PHYSICIAN, or person providing any care, treatment, service, or supply covered by this policy. For the purpose of determining benefits payable for a particular SICKNESS of a COVERED PERSON after the applicable benefit limits for that SICKNESS have been paid by the COMPANY, it shall be considered a new SICKNESS, which is then again covered under this policy, if the COVERED PERSON goes without a PHYSICIAN'S advice or treatment for that particular SICKNESS for a period of 24 consecutive months. OUR obligation to make payment under this policy for any particular SICKNESS or INJURY shall not exceed the amounts disclosed in the Benefit Schedule or described elsewhere in this policy. A benefit will only be due and payable when a COVERED PERSON is obligated to pay a charge that is incurred for any covered care, treatment, service, or supply, or combination thereof, provided to or for a COVERED PERSON while this policy is in force. An expense or charge is incurred on the date the care, treatment, service, or supply is provided.

## PRE-EXISTING CONDITION LIMITATION

This policy does not insure YOU against loss incurred by YOU or a covered FAMILY MEMBER during the 12 months immediately after the effective date of this policy if that loss results from a PRE-EXISTING CONDITION. In addition, any PRE-EXISTING CONDITION listed on the application is not covered for the first 12 months after the policy effective date. Conditions, illnesses, diseases, disorders, or injuries specifically excluded by rider are never covered.

## TABLE OF CONTENTS

	Page		Page
30-Day Right To Examine Policy .....	1	Private Duty Nurse Benefit .....	5
Renewal Agreement .....	1	Ambulance Benefit .....	6
Insuring Clause .....	2	Inpatient Physician Expense Benefit.....	6
Pre-Existing Condition Limitation .....	2	Doctor Office Visit Benefit.....	6
Definitions .....	2	Outpatient Expense Benefit.....	6
Daily Hospital Room And Board Benefit.....	4	Refund Of Premiums For Loss Of Life	
Daily Intensive Care Benefit.....	4	From Accidental Injury .....	7
Miscellaneous Hospital Expense Benefit .....	4	Other Benefits.....	7
Surgical Procedure Benefits.....	5	Limitations and Exclusions .....	10
Radiation Therapy Benefit.....	5	Policy Provisions .....	10

## DEFINITIONS

Where used in this policy:

**ACCIDENT** and **ACCIDENTAL** means that which happens by chance or fortuitously, without intention or design, and which is unexpected, unusual and unforeseen.

**AMBULATORY SURGICAL CENTER** means a freestanding facility, other than a PHYSICIAN'S office, where surgical and diagnostic services are provided on an ambulatory basis.

**CHILD PREVENTIVE HEALTH CARE SERVICES** means PHYSICIAN-delivered or PHYSICIAN-supervised services for covered dependents from birth through eighteen (18) years of age that are provided for PERIODIC PREVENTIVE CARE VISITS, including medical history, physical examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards.

**COVERED PERSON** means YOU or any covered FAMILY MEMBER.

**DIABETES SELF-MANAGEMENT TRAINING** means instruction in an inpatient or outpatient setting which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications. Such instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

**FAMILY MEMBER** means a person who is named in the application for coverage under this policy, other than the Proposed INSURED, or a person who has been added in accordance with the ELIGIBILITY AND INSURED'S TERMINATION provision.

**HOSPITAL** means a medical facility, operated pursuant to law, which: (1) is primarily and continuously engaged in providing medical and diagnostic care for the treatment of sick or injured persons on an acute care inpatient basis under the supervision of one or more licensed PHYSICIANS for which a charge is made; and (2) provides 24-hour nursing service by or under the supervision of a Registered Nurse (R.N.). "HOSPITAL" does not mean a facility or special unit of a facility primarily operated as: (a) a convalescent, skilled nursing, swing bed, or other nursing facility; (b) a facility or special unit of a facility primarily affording

rehabilitative care; or (c) a facility or special unit of a facility primarily affording care or treatment for the aged, or for chemical dependency, alcohol abuse, or mental or nervous disorder.

**HOSPITAL STAY** means one day or more of inpatient confinement within a HOSPITAL, and under the care of a PHYSICIAN, for which a charge for room and board is incurred due to an INJURY or SICKNESS.

**INHERITED METABOLIC DISEASE** means a disease caused by an inherited abnormality of body chemistry.

**INJURY** means accidental bodily injury sustained by a COVERED PERSON which is the direct cause independently of disease, bodily infirmity or other cause of the loss and occurs while the insurance is in force.

**INTENSIVE CARE** means care which is provided within a separate area or unit of a HOSPITAL that has been set aside for care of the critically ill or injured. The area or unit must have special monitoring equipment for the use of PHYSICIANS, nurses or other medical specialists assisting in the unit. INTENSIVE CARE does not include: step-down, isolation, telemetry, or post-intensive care units of a HOSPITAL.

**LOW PROTEIN MODIFIED FOOD PRODUCT** means a food product that is:

1. Specially formulated to have less than one (1) gram of protein per serving; and
2. Intended to be used under the direction of a PHYSICIAN for the dietary treatment of an INHERITED METABOLIC DISEASE.

**MASTECTOMY** means the removal of all or part of the breast for MEDICALLY NECESSARY reasons as determined by a PHYSICIAN who is licensed as a medical doctor or doctor of osteopathy.

**MEDICAL FOOD** means a food that is:

1. Intended for the dietary treatment of a disease or condition for which nutritional requirements are established by recognized scientific principles; and
2. Formulated to be consumed or administered enterally under the direction of a PHYSICIAN.

**MEDICALLY NECESSARY** means:

1. consistent with the symptoms or diagnosis and treatment of YOUR or a covered FAMILY MEMBER'S SICKNESS or INJURY; and
2. appropriate with regard to the standards of good medical practice; and
3. the most appropriate level of service that can be safely provided to YOU or a covered FAMILY MEMBER.

In order to determine that care is MEDICALLY NECESSARY, WE reserve the right to obtain, at OUR expense, a second opinion from a PHYSICIAN who (a) is not an employee or owner of a facility or agency from which YOU or a covered FAMILY MEMBER receive care, and (b) specializes in the condition that is the subject of YOUR claim.

**MENTAL ILLNESS** means psychosis, neurosis or an emotional disorder.

**PERIODIC PREVENTIVE CARE VISITS** means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

**PHYSICIAN** and **DOCTOR** mean a person duly licensed in the United States and duly qualified to provide care, treatment, services, or supplies for the INJURY or SICKNESS that is the subject of YOUR claim, or for the additional conditions or disorders, or diagnostic services, which are specifically covered under PART 12 of this policy, PHYSICIAN or DOCTOR does not include YOU or any member of YOUR household or immediate family. Primary Care Physician (PCP) means a PHYSICIAN who provides basic diagnosis and treatment of common illnesses and medical conditions. A Specialist means a PHYSICIAN who provides diagnosis and treatment for a specific specialty of medicine for which he or she has received additional education, training and experience.

**PRE-EXISTING CONDITION** means any medical condition, illness, disease, disorder, or INJURY for which symptoms existed that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment within the 12-month period immediately prior to the effective date of YOUR or the covered FAMILY MEMBER'S coverage under this policy. It also means any medical condition, illness, disease, disorder, or INJURY for which YOU or the covered FAMILY MEMBER did receive treatment or medical advice during the 12-month period immediately prior to YOUR or the covered FAMILY MEMBER'S effective date of coverage under this policy. Pre-existing condition will include any medical condition, illness, disease, disorder, or INJURY listed on YOUR application for YOU or a covered FAMILY MEMBER, which occurred within the 12-month period immediately prior to the effective date of YOUR or the covered FAMILY MEMBER'S coverage under this policy, irrespective of whether a rider has been issued. It also means a pregnancy existing at any time prior to, and which continues to exist as of, the Effective Date of YOUR or the covered FAMILY MEMBER'S coverage under this policy.

**RADIATION THERAPY** means the treatment of a SICKNESS by application of roentgen rays, radium, ultraviolet, and other radiations.

**RELATIVE VALUE UNITS** means the total unit value of the service, including all three components: PHYSICIAN work, facility practice expense, and professional liability expense, as contained in the national RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS).

**RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS)** means the scale of relative values for medical and surgical procedures that is maintained and updated by the Centers for Medicare and Medicaid Services with input from the AMA/Specialty Society Relative Value Scale Committee (RUC).

**SICKNESS** means a medical condition, illness, disease, or disorder which first manifests itself after the Effective Date of the policy and while this policy is in force. A medical condition, illness, disease, or disorder is "manifested" when it is diagnosed by a PHYSICIAN, or whenever the COVERED PERSON begins experiencing any symptom or sign of the medical condition, illness, disease, or disorder. SICKNESS includes continuations and reoccurrences of the medical condition, illness, disease, or disorder, and all general conditions associated with, related to, or caused by the medical condition, illness, disease, or disorder.

**SURGICAL PROCEDURE** means the performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, endoscopic examinations, and any one procedure designated by Current Procedural Terminology codes as surgery, except that venipuncture for the collection of blood for the purpose of performing a test shall not be considered a surgery. SURGICAL PROCEDURE shall also include all post-operative care for the 90-day period following surgery.

**WE, US, OUR** and **COMPANY** mean Liberty National Life Insurance Company.

**YOU, YOUR, YOURS** and **INSURED** mean the COVERED PERSON whose name is shown in the POLICY SCHEDULE as the INSURED.

#### **PART 1 DAILY HOSPITAL ROOM AND BOARD BENEFIT**

WE will pay a benefit for MEDICALLY NECESSARY HOSPITAL room expenses incurred by YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY. Such HOSPITAL room expenses incurred must be the result of an INJURY or SICKNESS. The benefit payable shall not exceed the Daily HOSPITAL Room and Board Benefit stated in the Benefit Schedule for each day of the HOSPITAL STAY, and shall not be for more than 2 years for any one INJURY or SICKNESS.

#### **PART 2 DAILY INTENSIVE CARE BENEFIT**

WE will pay a benefit for MEDICALLY NECESSARY INTENSIVE CARE expenses incurred by YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY. Such INTENSIVE CARE admission and expenses incurred must be the result of an INJURY or SICKNESS. The benefit payable shall not exceed the Daily Intensive Care Benefit stated in the Benefit Schedule for each day of INTENSIVE CARE, and shall not be for more than 90 days for any one INJURY or SICKNESS.

The benefit payable under this PART 2 for any day of INTENSIVE CARE is in lieu of the Daily Hospital Room and Board Benefit provided under PART 1 of this policy.

#### **PART 3 MISCELLANEOUS HOSPITAL EXPENSE BENEFIT**

WE will pay a benefit at the rate of 80% of the expenses incurred by YOU or a covered FAMILY MEMBER, in excess of the HOSPITAL Deductible Amount stated in the Benefit Schedule, for MEDICALLY NECESSARY care, treatment, services, and supplies provided by a HOSPITAL to or for YOU or a covered FAMILY MEMBER during a necessary HOSPITAL STAY, or for MEDICALLY NECESSARY care, treatment, services, and supplies provided by a HOSPITAL or AMBULATORY SURGICAL CENTER to or for YOU or a covered FAMILY MEMBER during a necessary outpatient admission for a SURGICAL PROCEDURE payable under PART 4 of this policy. Such care, treatment, services, and supplies and expenses incurred during a HOSPITAL STAY or an outpatient surgical admission must be the result of an INJURY or SICKNESS.

The benefit under this PART 3 will not exceed the amount of the Miscellaneous Hospital Expense Benefit stated in the Benefit Schedule for all such expenses incurred during a necessary HOSPITAL STAY or a necessary outpatient surgical admission, or for any one INJURY or SICKNESS, irrespective of the number of necessary HOSPITAL STAYS or outpatient surgical admissions. Only one benefit is payable for a HOSPITAL STAY or outpatient surgical admission even if the COVERED PERSON'S care, treatment, services, and supplies are for multiple INJURIES or SICKNESSES during any HOSPITAL STAY or outpatient surgical admission.

In determining the benefit payable under this PART 3, WE will not include expenses incurred for: (1) PHYSICIAN charges (including professional charges); (2) HOSPITAL room charges; (3) INTENSIVE CARE charges; or (4) charges for which coverage is provided or any benefit is payable under any other PART of this policy.

WE will pay the larger of either the Miscellaneous Hospital Expense Benefit payable under this PART 3 or the Outpatient Expense Benefit payable under PART 10, but not both, where surgery is performed in a HOSPITAL or AMBULATORY SURGICAL CENTER on an outpatient basis.



## **PART 4**

## **SURGICAL PROCEDURE BENEFITS**

### **1. SURGEON BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN performing a MEDICALLY NECESSARY SURGICAL PROCEDURE on YOU or a covered FAMILY MEMBER. Such SURGICAL PROCEDURE and expenses incurred must be the result of an INJURY or SICKNESS. The benefit will be equal to the fee charged by the PHYSICIAN for the SURGICAL PROCEDURE, but, in no event will the benefit payable be more than the lesser of either: (a) an amount equal to the Surgery Conversion Factor stated in the Benefit Schedule times the RELATIVE VALUE UNITS for that procedure as contained in the national RESOURCE-BASED RELATIVE VALUE SCHEDULE (RBRVS) last published and effective before the date of the SURGICAL PROCEDURE; or (b) the Surgeon Benefit Limit amount stated in the Benefit Schedule. If the SURGICAL PROCEDURE is not contained in the RBRVS, the benefit payable will be the lesser of: (a) the fee charged by the PHYSICIAN for the SURGICAL PROCEDURE; (b) the amount that would be payable for the most comparable SURGICAL PROCEDURE in severity and gravity; or (c) the Surgeon Benefit Limit amount stated in the Benefit Schedule. In the event that the RBRVS is discontinued, WE shall thereafter have the right to continue to use the RELATIVE VALUE UNITS contained in the last published RBRVS or, at OUR option and upon reasonable written notice to YOU, WE may designate an alternative, generally accepted, method to be used for determining relative values from the date specified in OUR notice.

WE will not pay a benefit for more than one SURGICAL PROCEDURE (the largest applicable) under this PART 4 for all SURGICAL PROCEDURES performed as a result of any one INJURY or SICKNESS.

For any one INJURY or SICKNESS, WE will pay the greater of either: (a) the Surgeon Benefit provided in this PART 4; or (b) the total of all Inpatient Physician Expense Benefits under PART 8 and Doctor Office Visit Benefits under PART 9 which would otherwise be payable.

### **2. ASSISTANT SURGEON BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN providing MEDICALLY NECESSARY assistance to the primary PHYSICIAN during a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under this PART 4. Such surgical assistance and expenses incurred must be the result of an INJURY or SICKNESS. The benefits will not exceed 20% of the amount payable for the Surgeon Benefit.

### **3. ADMINISTRATION OF ANESTHETIC BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for one PHYSICIAN providing MEDICALLY NECESSARY administration of anesthetic to YOU or a covered FAMILY MEMBER during a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under this PART 4. Such anesthetic administration and expenses incurred must be the result of an INJURY or SICKNESS. The administration of anesthetic must be by a PHYSICIAN or a legally qualified anesthetist. The benefits will not exceed 25% of the amount payable for the Surgeon Benefit. WE will not pay any benefit for the administration of anesthetic by the primary PHYSICIAN or the assistant surgeon.

## **PART 5**

## **RADIATION THERAPY BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY RADIATION THERAPY provided to or for YOU or a covered FAMILY MEMBER at a HOSPITAL or PHYSICIAN'S office. Such RADIATION THERAPY and expenses incurred must be the result of an INJURY or SICKNESS. WE will not pay benefits in excess of the Radiation Therapy Benefit stated in the Benefit Schedule for all such expense incurred because of any one INJURY or SICKNESS. The benefit under this PART 5 will be calculated and paid based on a single diagnosed SICKNESS, and not according to the bodily location or locations where the diagnosed SICKNESS may be present or has or have been treated.

If a benefit or benefits are payable under any other PART of this policy for an incurred expense also payable under this PART 5, only one benefit, the largest, will be payable for such expense.

## **PART 6**

## **PRIVATE DUTY NURSE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for the MEDICALLY NECESSARY full-time care and attendance of a private duty licensed nurse (L.V.N., L.P.N., or R.N.) provided to or for YOU or a covered FAMILY MEMBER during a HOSPITAL STAY. Such private duty nurse care, treatment, or services and expenses incurred must be the result of an INJURY or SICKNESS. WE will pay up to the Private Duty Nurse Benefit stated in the Benefit Schedule per 8 hour shift, but shall not pay for more than 2 shifts per day, or in excess of a total of 180 shifts as a result of any one INJURY or SICKNESS.

WE will not pay benefits for private duty nurse care, treatment or services provided by YOU or a member of YOUR household or immediate family.

**PART 7****AMBULANCE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY ambulance service for YOU or a covered FAMILY MEMBER. Such ambulance service and expenses incurred must be the result of an INJURY or SICKNESS. The ambulance service must be to or from a HOSPITAL. WE will not pay more than the Ambulance Benefit stated in the Benefit Schedule for any one INJURY or SICKNESS, regardless of the frequency that ambulance service is required because of that INJURY or SICKNESS. Only one benefit will be payable for any one trip.

**PART 8****INPATIENT PHYSICIAN EXPENSE BENEFIT**

WE will pay a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for MEDICALLY NECESSARY care, treatment, and services provided to or for YOU or a covered FAMILY MEMBER by one PHYSICIAN during a necessary HOSPITAL STAY according to the following:

1. If a SURGICAL PROCEDURE for which a benefit is payable under PART 4 of this policy was not performed, WE will pay an amount not to exceed the Inpatient Physician Expense Benefit stated in the Benefit Schedule. Only one Inpatient Physician Expense Benefit will be paid per day, regardless of the number of PHYSICIANS rendering care, treatment or services to or for YOU or the covered FAMILY MEMBER; and
2. If a SURGICAL PROCEDURE for which a Surgeon Benefit is payable under PART 4 of this policy was performed for any one INJURY or SICKNESS, WE will pay an amount equal to the greater of: (a) the applicable Surgeon Benefit in PART 4; or (b) the total of the benefit in (1) above which would otherwise be payable plus any Doctor Office Visit Benefits payable under PART 9.

A benefit will only be paid if such PHYSICIAN care, treatment, and services and expenses incurred were the result of an INJURY or SICKNESS. The total benefit payable under this PART 8 shall not exceed the Inpatient Physician Expense Maximum for any one INJURY or SICKNESS.

**{PART 9****DOCTOR OFFICE VISIT BENEFIT**

WE will pay benefits for expenses incurred by YOU or a covered FAMILY MEMBER for outpatient care, treatment and services, by a DOCTOR provided to or for YOU or a covered FAMILY MEMBER at the DOCTOR'S office, clinic, a HOSPITAL (on an outpatient basis), or at place of residence according to the following:

1. For MEDICALLY NECESSARY care, treatment and services resulting from an INJURY or SICKNESS which does not require a SURGICAL PROCEDURE, WE will pay a benefit at the rate of 80% of the fee charged by the DOCTOR, but, in no event will the benefit payable for such care, treatment and services be more than the Doctor Office Visit Benefit stated in the Benefit Schedule. Only one Doctor Office Visit Benefit will be paid per day, regardless of the number of DOCTORS providing care, treatment, and services to or for YOU or the covered FAMILY MEMBER and regardless of the number of visits during the day;
2. For MEDICALLY NECESSARY care, treatment, and services resulting from any one INJURY or SICKNESS which requires a SURGICAL PROCEDURE, WE will pay an amount equal to the greater of the applicable Surgeon Benefit in PART 4 or the total of the benefit in (1) above which would otherwise be payable plus any Inpatient Physician Expense Benefits payable under PART 8; and
3. For a physical wellness exam in the absence of INJURY or SICKNESS, WE will pay a benefit at the rate of 80% of the fee charged by the DOCTOR, but, in no event will the benefit payable for any physical wellness exam performed exceed the Wellness Exam Benefit stated in the Benefit Schedule. Each COVERED PERSON will be entitled to one physical wellness exam per policy year.

The total benefits payable under this PART 9 shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule during any policy year.}

**PART 10****OUTPATIENT EXPENSE BENEFIT**

WE will pay a benefit at the rate of 80% of expenses incurred by YOU or a covered FAMILY MEMBER, in excess of the Outpatient Deductible Amount stated in the Benefit Schedule, for outpatient care, treatment, and services provided to or for YOU or a covered FAMILY MEMBER. Such outpatient care, treatment, and services and expenses incurred must be the result of an INJURY or SICKNESS. Outpatient care, treatment, and services include:

1. Outpatient HOSPITAL expense;
2. Diagnostic imaging performed at other duly licensed locations; and
3. Laboratory tests performed at other duly licensed locations, including pathology tests.

WE will not pay in excess of the Outpatient Expense Benefit stated in the Benefit Schedule for expenses incurred for outpatient care, treatment, and services resulting from any one INJURY or SICKNESS.

If a benefit or benefits are payable under any other PART of this policy for an incurred expense also payable under this PART 10, only one benefit, the largest, will be payable for such expense.

## **PART 11                      REFUND OF PREMIUMS FOR LOSS OF LIFE FROM ACCIDENTAL INJURY**

WE will refund to YOUR estate the premiums paid for YOUR individual coverage under this policy if YOU die due to an INJURY while YOUR coverage is in force or effect. WE will refund to YOU the premiums paid under this policy for the coverage of a covered FAMILY MEMBER if that member dies due to an INJURY while his or her coverage is in force or effect.

To be entitled to said refund of premium, the death must occur while this policy is in force and within 180 days of the INJURY causing death.

## **PART 12                      OTHER BENEFITS**

On the condition that a benefit for expenses incurred for the following care, treatment, services, and supplies is not elsewhere provided in this policy, WE will pay benefits for expenses incurred for the following care, treatment, services, and supplies provided to a COVERED PERSON while this policy is in force according to the terms, dollar amounts and maximums set forth below in this PART 12 with respect to such covered care, treatment, services, and supplies. ALL BENEFITS PAYABLE UNDER THIS PART 12 SHALL BE SUBJECT TO ALL POLICY PROVISIONS, LIMITATIONS AND EXCLUSIONS, DEDUCTIBLES, CO-PAYS, CO-INSURANCE, AND DOLLAR-LIMIT PROVISIONS OF THIS POLICY, EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED IN THIS PART 12. A benefit payable under this PART 12 shall not duplicate any benefit or benefits payable under any other PART or PARTS of this policy. The total benefit payable for care, treatment, services, and supplies covered under this PART 12 of the policy, together with benefits paid under any other policy or policies issued by US to YOU or a covered FAMILY MEMBER, will never exceed the total expense incurred by YOU or the covered FAMILY MEMBER for such care, treatment, services, and supplies.

### **1. MATERNITY BENEFITS, MINIMUM HOSPITAL STAYS**

As described in PART 13(1), this policy does not provide benefits for normal pregnancy. However, for a HOSPITAL STAY for which benefits are otherwise provided under this policy to a COVERED PERSON for a distinct complication of pregnancy, WE will provide a benefit for expenses incurred due to a distinct complication of pregnancy by any COVERED PERSON for a HOSPITAL STAY and inpatient care for a minimum of forty-eight (48) hours of inpatient care following vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following a cesarean section for a mother, her newly born child, or both, in a HOSPITAL or any other health care facility licensed to provide obstetrical care, when that HOSPITAL STAY is deemed MEDICALLY NECESSARY by the attending PHYSICIAN, who is a medical doctor.

### **2. BREAST RECONSTRUCTIVE SURGERY AND PROSTHETIC DEVICE BENEFIT**

WE will provide a benefit for the following expenses incurred by YOU or a covered FAMILY MEMBER for prosthetic devices, breast reconstructive surgery, or both, for a COVERED PERSON incident to a MASTECTOMY covered under this policy, including:

- 1) Reconstruction of the breast on which the MEDICALLY NECESSARY MASTECTOMY has been performed;
- 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 3) Prostheses and physical complications from all stages of MASTECTOMY, including lymphedemas.

To be covered, breast reconstructive surgery must be in the manner chosen by the affected COVERED PERSON'S treating PHYSICIAN, who is a licensed medical doctor or doctor of osteopathy, consistent with prevailing medical standards, and in consultation with the affected COVERED PERSON.

A benefit for prosthetic devices and breast reconstructive surgery covered under this subpart of PART 12 will be paid as follows:

- a. For prosthetic devices and breast reconstructive surgery not covered under PARTS 1-10 of this policy because such care is not being provided in relation to a SICKNESS, or because maximum policy benefits have been paid previously for the SICKNESS that resulted in the MEDICALLY NECESSARY MASTECTOMY, WE will consider all that COVERED PERSON'S prosthetic devices and breast reconstructive surgery(ies) collectively, as though they were for a single SICKNESS (separate from the SICKNESS that resulted in the MEDICALLY NECESSARY MASTECTOMY) under this policy.
- b. For prosthetic devices and breast reconstructive surgery not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum equal to 80% of the incurred expenses, but not to exceed a maximum benefit of \$500 for prosthetic devices and breast reconstructive surgery for any one COVERED PERSON.

### **3. CHILD PREVENTIVE HEALTH CARE SERVICES BENEFIT**

WE will provide a benefit for expenses incurred by YOU or a covered FAMILY MEMBER for PERIODIC PREVENTIVE CARE VISITS related to CHILD PREVENTIVE HEALTH CARE SERVICES for a COVERED PERSON when that COVERED PERSON attains the following ages: birth, two months, four months, six months, nine months, twelve months, eighteen months, two years, three years, four years, five years, six years, eight years, ten years, twelve years, fourteen years, sixteen years and eighteen years. CHILD PREVENTIVE HEALTH CARE SERVICES shall be limited to services provided by or under the supervision of a

single PHYSICIAN or other primary health care provider who is a licensed medical doctor or doctor of osteopathy during the course of one visit.

If the periodic visit is not otherwise covered under another PART of this policy, WE will pay a benefit under this subpart of PART 12 in accordance with the following:

- a. For the expenses incurred for the services attributable to a history, physical examination, developmental assessment anticipatory guidance, or any combination thereof, WE will make payment as if such services were for a covered PHYSICIAN'S wellness exam payable under PART 9(3). This benefit will be provided for each such periodic visit. The combined amount of payments made during any policy year for any one COVERED PERSON under 16 years of age for Doctor Office Visits payable under PART 9, as stated in the Benefit Schedule, and for periodic visits during which services attributable to a history, physical examination, developmental assessment and anticipatory guidance are provided, payable as set forth herein, shall not exceed the Doctor Office Visit Yearly Maximum stated in the Benefit Schedule.
- b. For the expenses incurred for the services attributable to immunizations, laboratory tests, or both, WE will pay a sum of money equal to 80% of the incurred expenses, not to exceed a maximum benefit of \$250 for each covered periodic visit during which either immunizations, laboratory tests, or both are provided to or for any one COVERED PERSON.

This benefit is exempt from any deductible provision, but remains subject to all co-pay and coinsurance provisions, of this policy.

#### **4. DIABETES BENEFIT**

WE will provide a benefit for expenses incurred by a COVERED PERSON for medically appropriate and necessary equipment, supplies, diabetes outpatient self-management training and educational services, or any combination thereof, used in the management and treatment of diabetes for persons with gestational, type I or type II diabetes, if the COVERED PERSON'S treating PHYSICIAN or a PHYSICIAN who specializes in the treatment of diabetes certifies that such services are necessary.

The diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Any nutrition counseling must be provided by a licensed dietician.

For equipment, supplies, treatment, service, training, or any combination thereof, for diabetes covered under this subpart of PART 12, and not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge not to exceed a maximum benefit of \$1,500 during any policy year for all equipment, supplies, treatment, service, or training for diabetes provided that COVERED PERSON.

#### **5. ANESTHESIA AND HOSPITALIZATION FOR DENTAL PROCEDURES BENEFIT**

WE will provide a benefit for general anesthesia, hospital charges, or both for dental care charges incurred in a HOSPITAL or AMBULATORY SURGICAL CENTER when the procedure is performed by (i) a fully accredited specialist in pediatric dentistry or other dentist fully accredited in a recognized dental specialty for which HOSPITAL or AMBULATORY SURGICAL CENTER privileges are granted; (ii) a dentist who is certified by virtue of completion of an accredited program of postgraduate training to be granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; or (iii) a dentist who has not yet satisfied certification requirements but has been granted HOSPITAL or AMBULATORY SURGICAL CENTER privileges; and when the COVERED PERSON receiving such treatment:

- 1) is younger than 7 years of age;
- 2) has a serious mental or physical condition; or
- 3) has significant behavioral problems.

This benefit does not cover routine dental care, including the diagnosis or treatment of disease or other dental conditions and procedures not specifically covered under this subpart of PART 12.

A benefit for anesthesia or facility charges for dental care covered under this subpart of PART 12 will be paid as follows:

- a. For anesthesia or facility charges for dental care not otherwise eligible for coverage under this policy, WE will consider that COVERED PERSON'S incurred expenses for anesthesia and facility charges for dental care as though they were eligible for coverage under PARTS 1-4 and PART 10 of the policy.
- b. For anesthesia or facility charges for dental care not covered under PARTS 1-10 of this policy, or brought within the scope of coverage based on (a) above, WE will pay a sum equal to 80% of the incurred expenses, but not to exceed a maximum benefit of \$100 for all anesthesia and facility charges for dental care provided to any one COVERED PERSON.

## **6. SPEECH AND HEARING DISORDERS BENEFIT**

WE will provide a benefit for the expenses incurred for **MEDICALLY NECESSARY** care and treatment of loss or impairment of speech or hearing, or both if treated by a speech pathologist, audiologist or speech language pathologist licensed by the state board of healing arts or certified by the American Speech-Language and Hearing Association or both, and which fall within the scope of their license or certification. This benefit does not cover hearing aids, instruments or devices.

Benefits for speech and hearing disorders covered under this subpart of PART 12 will be paid as follows:

- a. For speech or hearing treatment or care not covered under PARTS 1-10 of this policy because such treatment or service is not being provided in relation to a covered SICKNESS, WE will consider that COVERED PERSON'S speech or hearing treatment as though it was for a covered SICKNESS under PART 9. The combined amount of payments made for any one COVERED PERSON for Physician Office Visit Benefits payable under PART 9 and speech and hearing disorders benefits payable under this subpart of PART 12 shall not exceed the Physician Office Visit Yearly Maximum shown on the Benefit Schedule for all benefits paid during any one policy year.
- b. For speech or hearing treatment not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$50 for each visit with a professional described in this subpart for any one COVERED PERSON, and when combined with the Physician Office Visit Benefits payable under PART 9, not to exceed the Physician Office Visit Yearly Maximum shown on the Benefit Schedule for benefits paid during any one policy year.

## **7. MEDICAL FOODS AND LOW PROTEIN MODIFIED FOOD PRODUCTS BENEFIT**

WE will provide a benefit for the expense incurred for **MEDICAL FOODS, LOW PROTEIN MODIFIED FOOD PRODUCTS**, amino acid modified preparations and any other special dietary products and formulas for the treatment of **INHERITED METABOLIC DISEASES** if the **MEDICAL FOODS** or **LOW PROTEIN MODIFIED FOOD PRODUCTS**, amino acid modified preparations and other special dietary products and formulas are prescribed as **MEDICALLY NECESSARY** for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias and disorders of amino acid metabolism, and administered under the direction of a **PHYSICIAN**.

For benefits for **MEDICAL FOODS** and **LOW PROTEIN MODIFIED FOOD PRODUCTS** covered under this subpart of PART 12 that are not otherwise covered under another PART of this policy, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$2,400 for each COVERED PERSON during any one policy year as provided under the Income Tax Act of 1929.

## **8. COLORECTAL CANCER SCREENING BENEFIT**

WE will provide a benefit for the expense incurred for colorectal cancer examinations and laboratory tests for a COVERED PERSON who is 50 years of age or older, at high risk for colorectal cancer according to American Cancer Society colorectal cancer screening guidelines as they existed on January 1, 2005, or experiencing the symptoms of colorectal cancer as determined by a **PHYSICIAN** licensed under the Arkansas Medical Practices Act, §17-95-201 et seq., §17-95-301 et seq., and §17-95-401 et seq., including bleeding from the rectum or blood in the stool, or a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts more than five (5) days. The colorectal screening shall involve an examination of the entire colon, and WE will provide a benefit for colorectal cancer screening for any one of the following options:

- 1) An annual fecal occult blood test utilizing the take-home multiple sample method, or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five (5) years;
- 2) A double-contrast barium enema every five (5) years; or
- 3) A colonoscopy every ten (10) years, and follow-ups based on the following schedule:
  - i. If the initial colonoscopy is normal, a follow-up is covered once every ten (10) years;
  - ii. For individuals with one (1) or more neoplastic polyps, adenomatous polyps, and the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps was performed, a follow-up will be covered after three (3) years;
  - iii. If single tubular adenoma of less than one centimeter (1 cm) is found, a follow-up will be covered after five (5) years; and
  - iv. For patients with large sessile adenomas greater than three centimeters (3 cm), a follow-up will be covered after six (6) months, or continuously until complete polyp removal is verified by colonoscopy.
- 4) Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health determined in consultation with appropriate health care organizations.

Benefits for colorectal cancer screening covered under this subpart of PART 12 will be paid as follows:

- a. For colorectal cancer screening not covered under PARTS 1-10 of this policy because such treatment or service is not being provided in relation to a covered SICKNESS, WE will consider that COVERED PERSON'S colorectal cancer testing as though it was for a covered SICKNESS under PART 9 and PART 10 of this policy.

- b. For colorectal cancer screening not covered under PARTS 1-10 of this policy, nor brought within the scope of coverage based on (a) above, WE will pay a sum of money equal to 80% of the incurred charge, but not to exceed a maximum benefit of \$50 for each screening provided a COVERED PERSON.

#### **9. MENTAL ILLNESS BENEFIT**

WE will provide a benefit for expenses incurred for a COVERED PERSON for the treatment of MENTAL ILLNESS on an inpatient or outpatient basis. Benefits will be provided to the same extent as any other physical illness covered under this policy.

#### **10. TEMPOROMANDIBULAR JOINT DISORDER AND CRANIOMANDIBULAR JAW DISORDER BENEFIT**

WE will provide coverage for the treatment and care provided to or for a COVERED PERSON for the diagnostic procedure and surgical treatment of temporomandibular and craniomandibular disorder if, under accepted medical standards, such diagnostic procedure or surgery is MEDICALLY NECESSARY to treat conditions caused by a congenital or developmental deformity, disease, disorder, or INJURY. A temporomandibular and craniomandibular disorder shall be considered to be a SICKNESS under this policy, and benefits will be paid under PARTS 1-10 as applicable. However, this policy does not include coverage for orthodontic appliances and treatment, crowns, bridges and dentures unless the disorder is trauma related.

### **PART 13**

#### **LIMITATIONS AND EXCLUSIONS**

Except to the extent specifically and directly provided elsewhere in this policy to the contrary, WE will not pay benefits under this policy for:

1. Normal pregnancy (including childbirth, false labor, occasional spotting, PHYSICIAN-prescribed rest, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with a difficult pregnancy which do not constitute a distinct complication of pregnancy) or voluntary termination of pregnancy; or
2. Any charges for (1) usual and customary routine nursery care; or (2) well-baby care, immunizations, medical examinations or tests of any kind; or (3) any other usual and customary routine care and treatment following full term or premature birth, not incident and necessary to the treatment of INJURY or SICKNESS; or
3. Convalescent or skilled nursing care in a facility other than a HOSPITAL; educational care; or for nervous or mental disorders; or
4. Any dental treatment (except as necessitated by INJURY), hearing aids, or eye refractive exams, surgery or treatment; or
5. Any HOSPITAL STAY, INTENSIVE CARE unit admission, or other care, treatment, services, or supplies for which YOU or a covered FAMILY MEMBER do not incur a charge; or
6. Any HOSPITAL STAY, INTENSIVE CARE unit admission, or other care, treatment, services, or supplies that are not MEDICALLY NECESSARY for diagnosis of or for care, treatment, or services resulting from an INJURY or SICKNESS; or
7. Any cosmetic or elective procedures and any related complications; or
8. Any expense incurred in excess of the usual, customary, and reasonable charges for any care, treatment, service, or supply in the geographic area where furnished; or
9. Professional radiological, pathological or EKG interpretations during a HOSPITAL STAY; or
10. Any rehabilitative care services received at a facility not meeting the definition of a HOSPITAL; or
11. Any care, treatment, services, or supplies received outside of the U.S. boundaries or territories; or
12. Any Infertility care, treatment or services; or sterilization or reversal of sterilization procedures; or
13. Any medical condition, illness, disease, or disorder that first manifests itself before the effective date of the policy; or
14. Any care, treatment, services, or supplies for obesity or morbid obesity, including but not limited to, gastric banding ("lapband"), vertical banded gastroplasty, Roux-en-Y gastric bypass, DISTAL gastric bypass (duodenal switch, biliopancreatic diversion), or stomach stapling procedures, even if the COVERED PERSON has a health condition or conditions that might be benefited thereby; or
15. Any care, treatment, services, or supplies for drug abuse or addiction, including alcoholism or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a PHYSICIAN; or any loss caused directly or indirectly, wholly or partially, or contributed to by or as a result of any COVERED PERSON being under the influence of an intoxicant or a narcotic; or
16. Suicide, or treatment of an attempted suicide, or any intentionally self-inflicted injury, while sane or insane.

#### **POLICY PROVISIONS**

**ELIGIBILITY AND INSURED'S TERMINATION:** YOU, as the INSURED, are the beneficiary of YOUR covered FAMILY MEMBERS. Every transaction relating to this policy shall be between US and YOU.

A new family member, (including husband, wife, or any children under the age of 19 at the time the Policy is issued) will be covered; each new family member must be named in the application. Stepchildren and legally adopted children can be included if listed in the application. Any newborn or newly adopted children of the Primary INSURED will automatically be a COVERED PERSON from the moment of birth or adoption if such birth or adoption occurs after the Effective Date of the policy. This will also

cover children YOU have filed a petition to adopt. YOU may apply for coverage on other dependents acquired after the Effective Date of the policy, subject to OUR approval.

Coverage on YOUR children terminates when they marry. It also terminates on the policy anniversary date following their 25th birthday, unless they are still dependent on YOU due to a physical or mental handicap. YOU must furnish US proof of the handicap within 31 days of the termination date. WE may require at reasonable intervals during the two years following the child's 25th birthday subsequent proof of the child's disability and dependency. After the two-year period, WE may require such proof not more than once each year.

In the event of YOUR death or other termination of YOUR coverage, the following shall successively become the INSURED: (1) YOUR spouse (if YOUR spouse is a covered FAMILY MEMBER), or (2) YOUR eldest remaining covered FAMILY MEMBER.

**RIGHTS OF A SPOUSE:** Should YOU and YOUR spouse dissolve YOUR marriage by a valid decree of dissolution of marriage and the spouse was a covered FAMILY MEMBER, the spouse can apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, the spouse must make application to the COMPANY within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting or probationary period is required, except to the extent that such period has not been met under the prior policy.

**PREMIUM PAYMENT:** This policy is issued based on the application and the payment of the first premium. A copy of the application is a part of this policy. This policy takes effect at 12 o'clock noon, Standard Time of the place where YOU reside, and remains in effect until the same hour on the date that the initial term expires.

The effective date of this policy, the first premium, and the date the initial term expires are stated in the POLICY SCHEDULE. All premiums, except the first premium, shall be due and payable at OUR Administrative Offices.

**ENTIRE CONTRACT; CHANGES:** This policy, with the application and attached papers, is the entire contract between YOU and US. No change in this policy shall be effective until approved by an officer of US. This approval must be noted on or attached to this policy.

No agent may change this policy or waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After 2 years from the effective date, only fraudulent misstatements in the application may be used to void this policy or deny any claim for loss incurred after the 2-year period.

After 2 years from the date of an endorsement adding a FAMILY MEMBER, other than a newborn or newly adopted child, only fraudulent misstatements in the application may be used to void the endorsement or deny any claim for loss incurred after the 2 year period.

**GRACE PERIOD:** This policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, this policy will stay in force.

**REINSTATEMENT:** If the renewal premium is not paid before the grace period ends, this policy will lapse. Later acceptance of the premium by US without requiring an application for reinstatement will reinstate this policy.

If WE require an application, this policy will be reinstated when WE approve the application, or on the 45th day after WE receive it, unless WE have previously written to YOU of its disapproval.

The reinstated policy will cover only loss that results from an INJURY sustained after the date of reinstatement or a SICKNESS that manifests itself more than 10 days after such date. In all other respects, YOUR rights and OUR rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

**NOTICE OF CLAIM:** Written notice of claim must be given to US within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to US at OUR Administrative Offices in McKinney, Texas or to OUR agent.

Notice should include YOUR name and YOUR policy number.

**CLAIM FORMS:** When WE receive the Notice of Claim, WE will send YOU forms for filing proof of loss. If these forms are not given to YOU within 15 days, YOU may meet the proof of loss requirements by giving US a written statement of the nature and extent of the loss within the time limit stated in the PROOFS OF LOSS Provision set forth below.

**PROOFS OF LOSS:** YOU must give US written proof of loss to OUR satisfaction within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, WE will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless YOU were legally incapacitated.

**TIME OF PAYMENT OF CLAIMS:** After receiving proper written proof of loss satisfactory to US, WE will pay to YOU, or at OUR option to the HOSPITAL, DOCTOR, or person rendering services covered by this policy, all benefits then due for such loss.

**PAYMENT OF CLAIMS:** Benefits will be paid, after receiving a claim form and proper written proof of loss satisfactory to US, to YOU, or at OUR option to the HOSPITAL, DOCTOR, or person providing care, treatment, services, or supplies covered by this policy. Any benefit unpaid at death may be paid to YOUR named beneficiary or, at OUR option, to YOUR estate. If benefits are payable to YOUR estate, WE can pay benefits up to \$3,000 to someone related to YOU by blood or marriage whom WE consider to be entitled to the benefits. WE will be discharged to the extent of any such payment made in good faith.

**PHYSICAL EXAMINATIONS:** WE, at OUR expense, have the right to have YOU or a covered FAMILY MEMBER examined as often as reasonably necessary while a claim is pending.

**NONDUPLICATION OF COVERAGE:** The benefits payable under this policy shall be excess over benefits paid or payable or required to be provided:

1. under any workers' compensation, occupational disease, employers' liability or similar law;
2. under any motor vehicle no-fault plan or coverage or similar law; and
3. under any national, state, or other governmental plan not limited to governmental employees or their families, such as Medicare or Medicaid.

**REFUND OF UNEARNED PREMIUMS ON DEATH:** Upon the death of a FAMILY MEMBER insured under this policy, WE will refund any premiums paid in behalf of the member, for any period beyond the ending of the policy month the death occurred, within 30 days after WE receive proof of death.

**SUBROGATION; REIMBURSEMENT:** YOU agree that, to the extent of the benefits paid under this policy, WE shall be subrogated to all YOUR rights to damages or recovery for any INJURY or SICKNESS, or any care, treatment, services, or supplies provided, for which a third party or parties, or their insurance carrier(s), are or may be liable or responsible. YOU agree to repay US first out of any monies YOU receive or recover by settlement, judgment or otherwise, regardless of whether YOU are fully compensated for YOUR losses and damages. In the event that WE retain OUR own attorney to represent OUR subrogation interest, WE will not be responsible for paying a portion of YOUR attorney fees or costs.

YOU assign to US YOUR claims and rights against all liable or responsible third party or parties and their insurance carrier(s) to the extent of OUR payments, and shall do nothing after the loss to prejudice OUR subrogation rights. Entering into a settlement or compromise arrangement with a third party or parties, or their insurance carrier(s), without OUR prior written consent, shall be deemed to prejudice OUR subrogation rights. YOU shall promptly advise US in writing whenever a claim or demand against a third party or parties, or their insurance carrier(s), is made, and shall further provide to US such additional information and execute and deliver such instruments or papers as are reasonably requested by US to secure OUR subrogation rights. YOU agree to fully cooperate in protecting OUR subrogation rights against the liable or responsible third party or parties, and their insurance carrier(s).

**LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of the claim is required to be given.

**CONFORMITY WITH STATE STATUTES:** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which YOU reside on that date, is amended to conform to the minimum requirements of such laws.

**ASSIGNMENT:** No assignment under this policy shall be binding upon US unless the original written assignment (or a copy thereof) is on file at OUR Administrative Offices. At OUR option, WE may waive this requirement. WE do not assume any responsibility for the validity of any assignment.

This policy is signed for US by OUR President and Secretary.

 SPECIMEN

Secretary

 SPECIMEN

President

Countersigned:

\_\_\_\_\_  
Licensed Resident Agent where required by law.



**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085  
A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

**OUTLINE OF COVERAGE - POLICY FORM LGSP3**

Retain This Form For Your Records.

**LIMITED HOSPITAL, SURGICAL AND MEDICAL EXPENSE COVERAGE**

**Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of the policy for which You, as the proposed insured designated in the application, are applying. This outline of coverage is not the insurance contract and does not alter or modify the terms of the policy. The policy itself will set forth, in detail, the rights and obligations of the parties if Your application is accepted. It is, therefore, important that You **READ YOUR POLICY CAREFULLY** when it is delivered to You!

**Hospital, Surgical and Medical Expense Coverage** - Policies of this category are designed to provide coverage for certain hospital and surgical expenses incurred as a result of a covered Injury or Sickness as defined in the policy. Coverage is provided for daily Hospital room and board, miscellaneous Hospital services, Hospital outpatient services, surgical services, anesthesia services, and other medical services, subject to any limitations, exclusions, deductibles, co-insurance and co-payment requirements set forth in the policy. Benefits provided under this policy are limited, and coverage is not provided for all Hospital, surgical or medical expenses. **While this Outline of Coverage includes deductible and maximum benefit choices associated with [Options B – D], Your policy Benefit Schedule will reflect Your chosen deductible and maximum benefit amounts, as applied for and issued.**

**BENEFITS - Eligible Hospital, Surgical and Medical Expenses.** Benefits listed below are subject to the applicable deductibles, coinsurance and copays, and benefit amounts shown in Your policy Benefit Schedule.

1. **Daily Hospital Room and Board Benefit** – A benefit is payable for Medically Necessary Hospital room expenses incurred by a Covered Person during a necessary Hospital Stay for any one covered Injury or Sickness up to the Daily Hospital Room and Board Benefit, for up to 2 years.

<b>LGSP3 – [Option B]</b>	<b>LGSP3 – [Option C]</b>	<b>LGSP3 – [Option D]</b>
Daily Room & Board Benefit [\$100], [\$200], [\$300] or [\$400]	Daily Room & Board Benefit [\$400], [\$500], [\$600] or [\$700]	Daily Room & Board Benefit [\$600], [\$700], [\$800], [\$900] or [\$1,000]

2. **Daily Intensive Care Benefit** – A benefit is payable for Medically Necessary Intensive Care expenses incurred by a Covered Person during a necessary Hospital Stay for any one covered Injury or Sickness, not to exceed the Daily Intensive Care Benefit (2 times the Daily Hospital Room and Board Benefit), for up to 90 days of confinement. This benefit is payable in lieu of the Daily Hospital Room and Board Benefit.

3. **Miscellaneous Hospital Expense Benefit** – A benefit is payable at the rate of 80% of expenses incurred by a Covered Person in excess of the Hospital Deductible Amount for Medically Necessary care, treatment, services and supplies furnished by the Hospital during a necessary Hospital Stay or furnished by a Hospital or Ambulatory Surgical Center during a necessary outpatient admission for a Surgical Procedure, due to a covered Injury or Sickness. Benefits will not exceed the Miscellaneous Hospital Expense Benefit for all expenses incurred during one or more Hospital Stays or outpatient surgical admissions due to any one covered Injury or Sickness. Only one benefit is payable for a Hospital Stay or outpatient surgical admission, regardless of the number of Injuries or Sicknesses.

<b>LGSP3 – [Option B]</b>	<b>LGSP3 – [Option C]</b>	<b>LGSP3 – [Option D]</b>
Deductible [\$500], [\$1,000] or [\$2,500] Benefit [\$7,500] or [\$15,000]	Deductible [\$500], [\$1,000] or [\$2,500] Benefit [\$15,000] or [\$25,000]	Deductible [\$500], [\$1,000], [\$2,500] or [\$5,000]* Benefit [\$25,000], [\$35,000] or [\$50,000]  *[\$5,000] Deductible only available with [\$50,000] Benefit

- 4. Surgical Procedure Benefits** – Benefits are payable for one Medically Necessary Surgical Procedure due to a covered Injury or Sickness. Benefits are payable for expenses incurred up to the lesser of the Surgery Conversion Factor stated in the Benefit Schedule multiplied by the Relative Value Units for such procedure or the Surgeon Benefit Limit. The policy pays up to 20% of the Surgeon Benefit for one Assistant Surgeon and up to 25% of the Surgeon Benefit for one anesthesiologist.

<b>LGSP3 – [Option B]</b>	<b>LGSP3 – [Option C]</b>	<b>LGSP3 – [Option D]</b>
Surgeon Benefit Limit [\$3,000] or [\$5,000]	Surgeon Benefit Limit [\$5,000] or [\$7,500]	Surgeon Benefit Limit [\$7,500] or [\$10,000]

- 5. Radiation Therapy Benefit** – A benefit is payable for expenses incurred by a Covered Person for Medically Necessary Radiation Therapy treatment provided for any one covered Injury or Sickness at a Hospital or Doctor's office, up to the Radiation Therapy Benefit.

<b>LGSP3 – [Option B]</b>	<b>LGSP3 – [Option C]</b>	<b>LGSP3 – [Option D]</b>
Radiation Therapy Benefit [\$5,000]	Radiation Therapy Benefit [\$7,500]	Radiation Therapy Benefit [\$10,000]

- 6. Private Duty Nurse Benefit** – A benefit is payable for expenses incurred by a Covered Person for Medically Necessary full-time care and attendance of a private duty licensed nurse during a necessary Hospital Stay due to a covered Injury or Sickness, up to the Private Duty Nurse Benefit. A benefit is payable for each 8 hour shift, up to 2 shifts per day, not to exceed 180 shifts per Injury or Sickness.

<b>LGSP3 – [Option B]</b>	<b>LGSP3 – [Option C]</b>	<b>LGSP3 – [Option D]</b>
Private Duty Nurse Benefit [\$75]	Private Duty Nurse Benefit [\$85]	Private Duty Nurse Benefit [\$100]

- 7. Ambulance Benefit** – A benefit is payable for expenses incurred by a Covered Person for Medically Necessary ambulance service to or from a Hospital due to a covered Injury or Sickness, not to exceed [\$200]. Only one benefit will be payable for any one Injury or Sickness.

- 8. Inpatient Physician Expense Benefit** – A Benefit is payable for expenses incurred by a Covered Person for Medically Necessary care, treatment and services provided by a Physician during a necessary Hospital Stay for a covered Injury or Sickness. Only one Inpatient Physician Expense Benefit will be paid per day. The benefit shall not exceed the Inpatient Physician Expense Maximum stated in the Benefit Schedule for any one Injury or Sickness. For an Injury or Sickness requiring a surgical procedure, we will pay only one benefit, the greater of the Surgeon Benefit or the total of the Inpatient Physician Expense Benefit otherwise payable plus any payable Doctor Office Visit Benefit.

<b>LGSP3 – [Option B]</b>	<b>LGSP3 – [Option C]</b>	<b>LGSP3 – [Option D]</b>
Inpatient Physician Expense Benefit [\$35]	Inpatient Physician Expense Benefit [\$35]	Inpatient Physician Expense Benefit [\$50]

- 9. Doctor Office Visit Benefit** – If no copay is selected, benefits are payable at the rate of 80% of expenses incurred up to the amount of the Doctor Office Visit Benefit for Medically Necessary outpatient treatment by a Doctor at the Doctor's office, clinic, Hospital (on an outpatient basis), or Your residence due to a covered Injury or Sickness. If a copay is selected, benefits are payable at 100% of expenses incurred up to [\$200] in excess of the copay per visit up to the Yearly Maximum. For any one Injury or Sickness requiring a Surgical Procedure, We will pay only one benefit, the greater of the Surgeon Benefit or the total of the Doctor Office Visit Benefit otherwise payable plus any Inpatient Physician Expense Benefit.

<b>LGSP3 – [Option B]</b>	<b>LGSP3 – [Option C]</b>	<b>LGSP3 – [Option D]</b>
[\$25] Doctor Office Visit Benefit with [\$250] Yearly Maximum or [\$50] Doctor Office Visit Benefit with [\$500] Yearly Maximum	[\$50] Doctor Office Visit Benefit with [\$500] Yearly Maximum, [\$75] Doctor Office Visit Benefit with [\$750] Yearly Maximum, [\$35] Copay with [\$500] Yearly Maximum or [\$35 Copay with Yearly Maximum of 6 Visits]	[\$75] Doctor Office Visit Benefit with [\$750] Yearly Maximum, [\$35] Copay with [\$500] Yearly Maximum, [\$35] Copay with [\$1,000] Yearly Maximum or [\$35 Copay with Yearly Maximum of 6 Visits]

- 10. Outpatient Expense Benefit** - We will pay a benefit at the rate of 80% of expenses incurred by a Covered Person (in excess of the Outpatient Deductible Amount stated in the Benefit Schedule) for Medically Necessary outpatient services and treatment including outpatient Hospital expense, diagnostic imaging and laboratory tests, due to a covered Injury or Sickness. We will not pay more than the Outpatient Expense Benefit shown in the Benefit Schedule for all such expenses incurred in relation to any one Injury or Sickness.

<b>LGSP3 – [Option B]</b>	<b>LGSP3 – [Option C]</b>	<b>LGSP3 – [Option D]</b>
Outpatient Expense Benefit [\$250] or [\$500]	Outpatient Expense Benefit [\$500], [\$750] or [\$1,000]	Outpatient Expense Benefit [\$1,000], [\$1,250] or [\$1,500]

- 11. Refund of Premiums for Loss of Life from Accidental Injury** - We will refund the premiums paid for Your individual coverage under this policy if You die due to an Injury while Your coverage is in force or effect. We will refund to You the premiums paid under this policy for the coverage of a covered Family Member if that member dies due to an Injury while their coverage is in force or effect. Death must occur within 180 days of the Injury.

**12. YOUR POLICY MAY CONTAIN OTHER BENEFITS MANDATED BY YOUR STATE. REFER TO PART 12 OF YOUR POLICY.**

**PRE-EXISTING CONDITION LIMITATION**

Any medical condition, illness, disease, disorder, or injury for which a Covered Person received treatment or medical advice, or for which symptoms existed that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment, within the 12 - month period prior to the policy effective date will not be covered for the first 12 months following the policy effective date. A pregnancy existing at any time prior to, and which continues to exist as of, the Effective Date of such Covered Person's coverage under the policy, or any medical condition, illness, disease, disorder, or injury listed on Your application which occurred within the 12 month period prior to the policy effective date, will not be covered for the first 12 months following the policy effective date.

**LIMITATIONS AND EXCLUSIONS**

Except to the extent specifically and directly provided elsewhere in this policy to the contrary, We will not pay benefits under this policy for:

1. Normal pregnancy (including childbirth, false labor, occasional spotting, Physician-prescribed rest, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with a difficult pregnancy which do not constitute a distinct complication of pregnancy) or voluntary termination of pregnancy; or
2. Any charges for (1) usual and customary routine nursery care; or (2) well-baby care, immunizations, medical examinations or tests of any kind; or (3) any other usual and customary routine care and treatment following full term or premature birth, not incident and necessary to the treatment of Injury or Sickness; or
3. Convalescent or skilled nursing care in a facility other than a Hospital; educational care; or for nervous or mental disorders; or
4. Any dental treatment (except as necessitated by Injury), hearing aids, or eye refractive exams, surgery or treatment; or
5. Any Hospital Stay, Intensive Care unit admission, or other care, treatment, services, or supplies for which You or a covered Family Member do not incur a charge; or
6. Any Hospital Stay, Intensive Care unit admission, or other care, treatment, services, or supplies that are not Medically Necessary for diagnosis of or for care, treatment, or services resulting from an Injury or Sickness; or
7. Any cosmetic or elective procedures and any related complications; or
8. Any expense incurred in excess of the usual, customary, and reasonable charges for any care, treatment, service, or supply in the geographic area where furnished; or
9. Professional radiological, pathological or EKG interpretations during a Hospital Stay; or
10. Any rehabilitative care or services received at a facility not meeting the definition of a Hospital; or
11. Any care, treatment, services, or supplies received outside of the U.S. boundaries or territories; or
12. Any Infertility care, treatment or services; or sterilization or reversal of sterilization procedures; or
13. Any medical condition, illness, disease, or disorder that first manifests itself before the effective date of the policy; or
14. Any care, treatment, services, or supplies for obesity or morbid obesity, including but not limited to, gastric banding ("lapband"), vertical banded gastroplasty, Roux-en-Y gastric bypass, DISTAL gastric bypass (duodenal switch, biliopancreatic diversion), or stomach stapling procedures, even if the Covered Person has a health condition or conditions that might be benefited thereby; or
15. Any care, treatment, services, or supplies for drug abuse or addiction, including alcoholism or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a Physician; or any loss caused directly or indirectly, wholly or partially, or contributed to by or as a result of any Covered Person being under the influence of an intoxicant or a narcotic; or
16. Suicide, or treatment of an attempted suicide, or any intentionally self-inflicted injury, while sane or insane.

**TERMINATION OF COVERAGE FOR CHILDREN**

Coverage on Your child terminates when such child marries. Coverage also terminates on the policy anniversary date following Your child's 25th birthday, unless such child is still dependent on You due to a physical or mental handicap. To retain coverage for such child, You must furnish Us with proof of the handicap within 31 days of the termination date.

**RENEWAL AGREEMENT**

You can continue the policy in force for successive renewal terms of 1 month, 3 months, 6 months, or 12 months by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under Our applicable table of premium rates that is in effect on the respective due dates of the premiums. We have the right to change the renewal premiums for the policy when We change, and in accordance with, Our table of premium rates applicable to all policies of this form and class. Class is based on benefit amounts, persons covered under the policy, state of issue, age at issue, gender, underwriting group and geographic rating area. We also have the right to change the renewal premiums for this policy when the persons covered under the policy change, in accordance with the table of premium rates applicable to all policies of this form and class.

A grace period of 31 days will be granted for the payment of each renewal premium. The policy will stay in force during the grace period.

**PREMIUM**

Your estimated premium for the policy applied for is \$ \_\_\_\_\_ monthly, \$ \_\_\_\_\_ quarterly, \$ \_\_\_\_\_ semi-annually, or \$ \_\_\_\_\_ annually. The actual premium rate is subject to approval by the Company and will be reflected in the Policy Schedule, in the event a policy is issued to You.

A one time registration fee of \$ \_\_\_\_\_ applies.